



California Consumer Privacy Act Authorized Agent Form

Effective January 1, 2023

This form should be completed on behalf of a represented consumer who would like to exercise their rights under the California Consumer Privacy Act ("CCPA"). Please print, complete, and return this form by mailing it in to the Golden 1 address listed at the bottom of this form, or take it in to your local Golden 1 branch ([Golden 1 Credit Union | ATM Branch Finder](#)).

Please indicate the CCPA request type by checking the box(es) below:

- ☐ Request to know information such as: (1) the categories and specific pieces of personal information Golden 1 has collected and/or retained about the represented consumer, (2) the categories of sources from which the personal information was collected, (3) the business purpose for collecting, selling, or sharing your personal information, (4) the categories of third parties to whom Golden 1 has disclosed personal information.
- ☐ Request the deletion of personal Information Golden 1 has collected and/or retained about the represented consumer.
- ☐ Request the correction of inaccurate personal information Golden 1 has collected and/or retained about the represented consumer.
- ☐ This request is being submitted on behalf of a current/former Golden 1 employee, candidate or contractor.
- ☐ This request is being submitted on behalf of a consumer who holds a business or sole proprietor account with Golden 1.

I understand that Golden 1 may contact me to obtain more information about the request.

Represented Consumer Information:

Name first, middle initial, last
Date of birth

Account Number	
Street address	
City, State, Zip	
Phone Number	Email

Authorized Agent Information:

Name first, middle initial, last	
Street address	
City, State, Zip	
Phone Number	Email
Government ID number (Driver's License / Passport)	

Represented Consumer Authorization:

If the represented customer has provided the authorized agent with power of attorney pursuant to California Probate Code sections 4000 to 4465, please provide a copy of the Power of Attorney document. Otherwise, please complete the authorization below:

I authorize _____ as my Authorized Agent for the sole purpose of submitting a verifiable consumer request (as defined by Cal. Civil Code § 1798.140(y)) on my behalf under the California Consumer Privacy Act as indicated by completion of this form.

The Represented Consumer must sign below.

Signature of Represented Consumer	Date
Print Name	

To submit this form:

- 1) Drop it off at your local Golden 1 branch ([Golden 1 Credit Union | ATM Branch Finder](#));
or
- 2) Mail to:
Golden 1 Credit Union

Attn: Records
PO Box 15966
Sacramento, Ca 95852-0966