



California Consumer Privacy Act (“CCPA”) CCPA Consumer Rights Request Form

Please complete this form (one per individual) and provide to one of our staff or submit at privacy@usmetrobank.com or contact us at 888-620-0018

A. Relationship with US Metro Bank (please check one as applicable)

- Current Account Holder
- Former Account Holder
- Prospective Customer or previously applied for a product/service
- Former or current US Metro Bank employee (including contractor, part-time, intern), job applicant
- Other: please explain

B. Request Type (Select only one type of request)

- Request to Know** (please Check any information you wish to obtain from below):

___ Specific pieces of personal information collected
___ The categories of personal information collected
___ The categories of sources from which the personal information collected
___ The categories of personal information that the business sold or disclosed for a business purpose
___ The categories of third parties to whom the personal information was disclosed or sold for business purposes
___ The purpose for collecting or selling personal information
___ Other (please provide details as much as possible)

- Request to Delete**
- Request to Correct**

C. Your Contact Information

Are you a California resident? Yes <input type="checkbox"/> No <input type="checkbox"/>				
FIRST NAME		MIDDLE		LAST Name
Mailing Address				
	City:	State:	Zip Code:	
Email Address		Telephone		



D. If applicable, Authorized Agent Information

FIRST NAME		MIDDLE		LAST Name	
Mailing Address					
	City:	State:	Zip Code:		
Email Address			Telephone		

E. Please provide the following information if you are current or former customer

Account Number (last 4 digits only)		Account Type	
Account Number (Last 4 digits only)		Account Type	
Account Number (Last 4 digits only)		Account Type	
Account Number (Last 4 digits only)		Account Type	

By signing below, US Metro Bank is hereby authorized to process the request for information selected above for this requestor in accordance with the appropriate identification verification procedures. The requested information will be provided to the undersigned OR to my authorized agent, if requested above.

SIGNATURE: _____

DATE: _____

Disclosure

The California Consumer Privacy Act of 2018 and, as amended, the California Privacy Rights Act of 2020 (together, "CPRA") grants California residents with certain rights. By filling out this form, you are requesting US Metro Bank to provide you with details of any personal information that we or our affiliates have collected from or about you. By submitting this request, you state under penalty of perjury that you are the person whose personal information is the subject of the request.

If you have a customer or workforce relationship with us, we will respond to your request using the contact information that we have on file for you. If you are not our customer or workforce member and we cannot locate information about you, we will respond to your request using the address you provide above.

We may contact you for additional information to verify your identity and the validity of your request. Please note that this form cannot be used to change information on your accounts. We will maintain a record of this request pursuant to Civil Code Section 1798.105(d).

For additional information about this process see our California Privacy Policy.

+++++

Business Use Only

Upon receipt of the request, immediately please forward the copy of the request to privacy@usmetrobank.com