



California Consumer Privacy Act Right to Correct Request Form

Please complete this form (one per individual) and indicate which of the following information you, as a **Consumer** (natural person who is a California resident), wish to correct related to your personal information. Requests for correction of personal information will be verified by PCB Bank (PCB) prior to any changes to the information.

Request for correction must be made in writing, by submitting this completed form via email at privacy@mypcb.com, or by presenting this completed form in-person at a branch.

Information Type (Name, Address, DOB, SSN, etc.)	Current Inaccurate Information	Correct Information

CONTACT INFORMATION - CONSUMER

FIRST NAME: _____ MIDDLE NAME: _____ LAST: _____

MAILING ADDRESS: _____

CITY _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ EMAIL ADDRESS: _____ CONTACT PREFERENCE: _____

CONTACT INFORMATION – AUTHORIZED AGENT

FIRST NAME: _____ MIDDLE NAME: _____ LAST: _____

MAILING ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ TELEPHONE: _____

EMAIL ADDRESS: _____ CONTACT PREFERENCE: _____

* PCB Bank requires proper documents supporting/evidencing authorization to make request on behalf of Consumer.

ACCOUNT NUMBER(S): _____ ACCOUNT TYPE(S): _____

ACCOUNT NUMBER(S): _____ ACCOUNT TYPE(S): _____

TRANSACTION DATE(S): _____ (for Non-account holders)

TRANSACTION TYPE(S): _____

By signing below, PCB Bank is hereby authorized to process the request for correction as indicated above for this customer in accordance with the appropriate identification verification procedures.

SIGNATURE: _____ DATE: _____