



California Consumer Privacy Act Right to Know and Right to Delete 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 obtain related to your personal information. Requests for personal information will be verified by PCB Bank (PCB) prior to the disclosure of the information.

You may make an **Opt-Out Request** by telephoning PCB at 888-979-8133 and providing the required information, by submitting this completed form via email at privacy@mypcbbank.com, or by presenting this completed form in-person at a branch.

Right to Know/Request for Personal Information about the **Consumer** (Information collected in the preceding 12 months). Please check all 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 is 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 sold or disclosed for a business purpose;
- The business or commercial purpose for collecting or selling personal information;
- Other. -Please describe personal information requested:

Delete My Personal Information (additional verification process required)

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 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): _____

OR TRANSACTION DATE(S): _____ (for Non-accountholders) TRANSACTION TYPE(S): _____

By signing below, PCB Bank is hereby authorized to process the request for information selected above for this customer 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: _____