



California Consumer Privacy Act Authorized Agent Form

California Resident's Information

First Name:	Middle Name:	Last Name:
Street Address:		
City:	State:	Zip Code:
Email Address:	Phone Number:	
Social Security Number:		

Authorized Agent's Information

First Name:	Middle Name:	Last Name:
Street Address:		
City:	State:	Zip Code:
Email Address:	Phone Number:	
Government ID Number (Driver's License/State ID Information):		

Consumer Authorization

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

Printed Name of Represented Consumer: _____

Signature of Represented Consumer: _____

Notarization

State of California County of _____)

On _____ before me, _____ (insert name and title of the officer) personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

Signature _____ (Seal)



Submitting the Form

Please submit the completed Authorization Form or Power of Attorney to Honda FCU at the following address:

Honda Federal Credit Union
Attention: Compliance Department/CCPA-CPRA
19701 Hamilton Avenue, Suite 130
P.O. Box 2290
Torrance, CA 90502

To complete the request, a representative may call at the number provided to request further verification.

If you have any questions please call us at 888-500-9927. Hours of Operation: Monday through Friday 8AM - 5PM PST.