

California Consumer Privacy Act Minor Authorization Form

Minor's Information			
First Name:	Middle Name:		Last Name:
Street Address:			
City:	State:		Zip Code:
Email Address:	·	Phone Number:	
Social Security Number:			
Parent or Guardian Information	Parent	Guardian	
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):		
With this form I, the United States, declare that I am the p request. Printed Name of Represented Consumer Signature of Represented Consumer:	parent or guardian of t	he minor whose pers	
Notarization			
State of California County of		_)	
On before me,	, who proved to	(insert name and t o me on the basis of s	itle of the officer) personally appeared atisfactory evidence to be the person(s)
whose name(s) is/are subscribed to the v his/her/their authorized capacity(ies), an upon behalf of which the person(s) acted	vithin instrument and a d that by his/her/their s	icknowledged to me t signature(s) on the ins	that he/she/they executed the same in
I certify under PENALTY OF PERJURY under WITNESS my hand and official seal.	er the laws of the State	of California that the	foregoing paragraph is true and correct.
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 provider 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.