



**APPOINTMENT OF AUTHORIZED AGENT FOR CALIFORNIA CONSUMER PRIVACY ACT**

This form is for use by the consumer identified below who wishes to designate an authorized agent for the purpose of submitting to CIT Bank, N.A. or OneWest Bank, a division of CIT Bank, N.A. ("CIT") a request under the California Consumer Privacy Act ("CCPA") about the personal information CIT has collected about that consumer. The authorized agent shall be allowed to submit a one-time request to CIT.

**Consumer Information**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Authorized Agent Information**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Appointment of Authorized Agent**

I, the undersigned, hereby appoint the person identified above as my authorized agent for the limited purpose of submitting a request to CIT regarding my personal information, as indicated below, and for no other purpose.

My authorized agent is allowed to submit the following CCPA request(s) to CIT(choose only one option):

Request to know what personal information CIT has collected about me

Request to delete my personal information

I understand that CIT will require me to verify this appointment as an additional security precaution to protect my personal information from unauthorized disclosure. I further understand that CIT will only share my personal information with me and not with the authorized agent.

\_\_\_\_\_  
Signature of Consumer

\_\_\_\_\_  
Date

**NOTARIZATION REQUIRED - Consumer's Signature Must Be Notarized with Acknowledgement**

State of California

County of \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_,

20\_\_\_\_, by \_\_\_\_\_,

proved to me on the basis of satisfactory evidence to be the person who appeared before me.

(Seal)

\_\_\_\_\_  
Signature of Notary Public