



Form for Personal Information Requests

INSTRUCTIONS TO CONSUMER: This form is to be used for submitting a “Request to Know” or “Request to Delete”.

Upon completion, please submit the form using one of the two methods outlined below. Members or others who have a relationship with Connexus may alternatively submit a request by calling 1.800.845.5025.

(1) Mail to Connexus Credit Union, P.O. Box 8026, Wausau, WI 54402-8026.

(2) In-person submission at any Connexus Credit Union branch.

Name: Last	First	MI	Suffix
Mailing Address			
City	State		Zip
Email	Telephone		

- If you are an agent requesting on someone else’s behalf, please provide a separate written and signed permission statement authorizing you to do so.
- If the request is for an individual under the age of 13, please describe your relationship: _____
- If the request is for household information, please have each member submit a separate request.

Nature of Relationship with Connexus

a.) Do you or did you have a relationship with Connexus? This includes, for example, current and former members, persons who have applied for membership, beneficiaries, account holders, and authorized users. Yes No

b.) If you selected “Yes” and you have a Member Number, please provide it: _____

We will mail the response to the address on file if you have a relationship with Connexus, or the one provided above if you do not.

Type of Request (Select Only One):

I want to know personal information that has been collected or shared. I would like to receive this by (check one):

The mailing address provided above.

The email address provided above.

I want to delete the personal information you have about me (*exceptions may apply*).

We will process your “Request to Know” and provide a written response within 45 days. If we need additional time, we will contact you in the manner specified above.

Signature <input type="checkbox"/>	Date (MM/DD/YY)
FOR CCU INTERNAL USE ONLY	
Request received by:	Date received:
<input type="checkbox"/> Identity Verified (Indicate method below)	<input type="checkbox"/> Unable to Verify Identity
Identification Method By Phone	
<input type="checkbox"/> Lexis Nexis	<input type="checkbox"/> One-Time Passcode
Identification Method In Person	
<input type="checkbox"/> Driver’s License	<input type="checkbox"/> Passport
<input type="checkbox"/> Military ID	<input type="checkbox"/> Other Government-Issued ID