

California Resident Consumer Privacy Act Request Form

If you are a California resident and wish to submit an Information or deletion request, please fill out the form below.

Request Type: Information Request Deletion Request

First Name: _____

Middle name (optional): _____

Last Name: _____

Street Address: _____

Town, State, Zip: _____

Phone Number: _____

Last four digits of Account Number: _____

Relationship to New York Community Bank, a division of Flagstar Bank, N.A. (e.g., current customer, former customer or applicant)

If you are an authorized agent for the customer making the request, please indicate your name _____

Please describe your request in detail: _____

The CCPA requires us to verify your identity. Please see our California Privacy Notice for a general description of our verification process. We may deny your request if we cannot verify your identity.

Federal and state laws and regulations, other than the California Consumer Privacy Act (CCPA), apply widely to Personal Information (PI) we collect, use and disclose. Such laws and regulations along with exemptions provided by the CCPA may affect our ability to fully comply with access and deletion requests.

Signature: _____ Date: _____

Please return form to:

New York Community Bank, a division of Flagstar Bank, N.A.
Compliance Department
102 Duffy Avenue
Hicksville, NY 11801

Internal Use Only:

Completed By (Employee Name)

Signature

Information Received By: In Person By Phone Secure Message Mail