

**Oklahoma Employees Credit Union
Cancellation and Change Form**

I _____, social security number _____
would like to cancel my Credit Union deduction effective _____.

OR

I authorize you to change my deduction amount to \$_____per pay
period effective_____.

I will notify Oklahoma Employees Credit Union at 525-8588.

Date: _____

Signature: _____

Department: _____ Extension: _____