

REPORT OF CHANGE IN OFFICIALS
(Please complete a separate form for each individual)

Send to:
Oklahoma State Banking Department
2900 N. Lincoln Boulevard
Oklahoma City, Oklahoma 73105

Credit Union: _____

Address: _____

Type of Change: _____ Incoming _____ Outgoing

____ Director ____ Exec. Officer ____ Credit Committee ____ Supervisory Committee

Effective Date of Change: _____

Name of Individual: _____

Home Address (No P.O. Boxes): _____

City, State, Zip Code: _____

Current Occupation: _____

Business Address: _____

City, State, Zip Code: _____

Indicate any previous or current service or employment with a federally insured or state chartered financial institution

Name of Institution	City	State	Dates of Service
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Name of Individual Reporting Change: _____

Title: _____