



# Oklahoma Firefighters Pension and Retirement System

6601 Broadway Ext., Suite 100  
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www.ok.gov/fprs



## AUTHORIZATION FOR CHANGE IN DEDUCTIONS

FIREFIGHTER \_\_\_\_\_ FIREFIGHTER SSN \_\_\_\_\_

DEPT RETIRED FROM \_\_\_\_\_ COUNTY \_\_\_\_\_ CODE \_\_\_\_\_

PAYEE \_\_\_\_\_ PAYEE SSN \_\_\_\_\_

Deduction Description	Deduction Amount per Month
<input type="checkbox"/> Oklahoma State Retired Firefighters Association Dues (\$1.75/month)	_____
<input type="checkbox"/> Local Retired Firefighters Association Dues (OKC, Tulsa, and Edmond Only)	_____
<input type="checkbox"/> Mutual Aid Dues (OKC Only)	_____
<input type="checkbox"/> Credit Union ( <b>check one</b> )	
<input type="radio"/> MECU <input type="radio"/> Tulsa FFCU <input type="radio"/> Tinker CU <input type="radio"/> Comanche CO CU Health	_____
<input type="checkbox"/> Insurance ( <b>See Form 23 for more detailed info</b> )	
Insurance Provider _____	_____
<input type="checkbox"/> Other Allowable Deduction	
Description _____	_____
<input type="checkbox"/> Other Allowable Deduction	
Description _____	_____

**CHANGES MUST BE SUBMITTED TO THE PENSION OFFICE BY THE 15TH OF THE MONTH**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
PHONE