



OSU Institute of Technology  
Bursar's Office  
1801 E. 4<sup>th</sup> Street  
Okmulgee, OK 74447  
918-293-4681

**Credit Balance**

I, (print) \_\_\_\_\_, give OSU Institute of Technology authorization to hold the credit balance of \$ \_\_\_\_\_ on my student account # \_\_\_\_\_ and pay for any future charges I incur for the following semesters:

Fall \_\_\_\_\_  
Spring \_\_\_\_\_  
Summer \_\_\_\_\_  
Fall \_\_\_\_\_  
Spring \_\_\_\_\_  
Summer \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**By signing above, I understand I must give OSUIT written notice to rescind this request.**