

Client Revocation of Access Authorization Form



Please terminate effective _____ the company representative access the following individual had to the *IOIPay* website maintained for our company:

Individual Name

Title

The undersigned represents and warrants that he/she possesses authority on behalf of our company to provide this revocation of access authorization to the *IOIPay* website.

Company Name

Division

Signature of Authorized Officer

Printed Name

Title of Officer

Date

Phone

Email

**Upon completion, Scan/FAX this form to 888-816-3775.
The Original of this form must be mailed to:
IOI Form Authorization, 25325 Leer Dr., Elkhart, IN 46514
Please retain a copy for your records.**

For IOI Use Only:	Date:	By:
Form Received:		
Logon Deleted:		