

# Client Revocation of Access Authorization Form



Please terminate \_\_\_\_\_ effective \_\_\_\_/\_\_\_\_/\_\_\_\_ the company representative access the following individual had to the *IOITIME* 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 *IOITIME* website.

Company Name \_\_\_\_\_

Signature of Authorized Officer \_\_\_\_\_

Printed Name \_\_\_\_\_

Title of Officer \_\_\_\_\_

Date \_\_\_\_\_

**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:		