

## Client Revocation of Access Form

Division \_\_\_\_\_

Client Revocation of Access For \_\_\_\_\_ effective \_\_\_ / \_\_\_ / \_\_\_ .  
Individual Name

\_\_\_\_\_  
Title

- |  |   |
|--|---|
| <input type="checkbox"/> <i>IOIPay®</i><br><input type="checkbox"/> <i>ESS (Employee Self Service)</i><br><input type="checkbox"/> <i>ICenter</i><br><input type="checkbox"/> <i>IOITime</i> | <input type="checkbox"/> <i>B4Time</i><br><input type="checkbox"/> <i>HR Support Center</i><br><input type="checkbox"/> <i>ACA Dashboard</i><br><input type="checkbox"/> <i>Time Simplicity</i> |
|--|---|

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

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

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

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

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

Date: \_\_\_\_\_

Please scan to [auth@ioipay.com](mailto:auth@ioipay.com) or fax this form to (888) 816-3775  
 The Original Copy 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:		