# Interlogic Outsourcing, Inc.

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## Client Revocation of Access Form

Division _____

Client Revocation of Access For _____ effect ___ / ___ / ___ .

Individual Name

_____

Title

☐ *IOIPay®*            ☐ *B4Time*

☐ *ESS (Employee Self Service)*    ☐ *HR Support Center*

☐ *ICenter*           ☐ *ACA Dashboard*

☐ *IOITime*           ☐ *Time Simplicity*

**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 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: | | |

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