



# Client Revocation of Access Form

Division \_\_\_\_\_

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

\_\_\_\_\_  
Title

- Payroll*
- ESS (Employee Self Service)*
- ICenter*
- Time & Attendance*
- B4Time*
- Hire*
- HR Support Center*
- ACA Dashboard*
- Time Simplicity*

**The undersigned represents and warrants that he/she possesses authority on behalf of your 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 email to [auth@primepay.com](mailto:auth@primepay.com) or fax this form to (888) 816-3775

**Please retain a copy for your records.**

For Internal Use Only

	Date:	By:
Form Received:		
Logon Deleted:		