

REVOCATION OF WRITTEN AUTHORIZATION

To revoke Written Authorization previously granted and on file with Texas Workforce Commission

1. REVOCATION SUBMITTED BY: CHECK APPROPRIATE BOX: A. <input type="checkbox"/> Grantor B. <input type="checkbox"/> Grantee with Written Authorization on file with TWC	GRANTOR INFORMATION: 2. TWC ACCOUNT NO. _____ 3. FEID NO. _____ 4. TELEPHONE NO. _____
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THIS INSTRUMENT revokes, recalls, and makes void that Written Authorization heretofore granted

*⁽⁵⁾ to _____, to represent
(Grantee)

*⁽⁶⁾ _____, an employing unit,
(Grantor)

*⁽⁷⁾ which is a/an _____
(Individual, Partnership, or Corporation, etc.)

*⁽⁸⁾ and whose address is _____
(IMPORTANT: MUST provide Grantor's Current Mailing Address.)

in its relations with the Texas Workforce Commission.

*⁽⁹⁾ **By:** _____
(Printed name, signature and title of the Grantor or the Grantee)

*⁽¹⁰⁾ **Date Signed** _____

To the Grantor: This Revocation of Written Authorization referred to above has been filed and the records of this Commission have been marked accordingly.

TEXAS WORKFORCE COMMISSION

By: _____
Signature Title Date

NOTE: This Revocation of Written Authorization should be executed and sent to the Texas Workforce Commission, Austin, Texas, to be filed. It will be processed and signed in this office and returned to the Grantor as evidence of receipt.

***MANDATORY INFORMATION**

(11) TWC ACCOUNT NO. FOR GRANTEE (if applicable)

INSTRUCTIONS FOR REVOCATION OF WRITTEN AUTHORIZATION

To revoke Written Authorization previously granted and on file with the TWC.

Description of information required on front of document. *Failure to complete the items with an asterisk (*) will result in the document being returned as incomplete.

1. **NOTE:** The Grantee submitting a Revocation must have an approved Written Authorization on file with the Texas Workforce Commission. It is very important that you check appropriate Block A or B.
2. Account Number assigned by the Texas Workforce Commission to Grantor.
3. Federal Employer Identification Number of the Grantor.
4. Grantor's telephone number including Area Code.
- *5. Name of Grantee.
- *6. Name of Grantor as it appears on Employer's Quarterly Reports.
7. Type of Ownership, (Individual, Partnership, or Corporation, etc.)
- *8. **Important:** Grantor's current mailing address is required.
- *9. **Printed name, signature and title of Grantor or Grantee:**
A Revocation of Written Authorization must be signed by (1) the individual, if the Grantor is a sole proprietor; (2) a responsible and duly authorized member or officer having knowledge of its affairs, if the Grantor is a partnership or other unincorporated organization; (3) the president, vice president, or other principal officer, if the Grantor is a corporation; (4) the fiduciary, if a trust or estate; or, (5) the Grantee, if applicable.
- *10. Date Signed.
11. This item to be completed by Grantee, if applicable.

Individuals may receive, review and correct information that TWC collects about the individual by emailing to open.records@twc.state.tx.us or writing to TWC Open Records, 101 E. 15th St., Rm. 266, Austin, TX 78778-0001.