

DEACTIVATE USER

Complete the following fields to remove an authorized user's access to the Employer Self Service Website. This form must be completed by the Employer or authorized representative.
FAX completed form to (510) 562-1702.

Name of Individual:	
Job Title:	
User Name (if known):	
Reason for removal:	

Employer's Certification

I, _____, authorize the removal of the above
(PRINT First and Last Name)
named individual from the Employer Self Service Website Authorized User Roster on
file with the Carpenter Funds Administrative Office.

PRINT: Employer Name

Carpenter Funds Account Number

PRINT: Name of Authorized Representative

Title (RME, RMO, Partner, Owner, etc.)

Signature of Authorized Representative

Date Signed Effective Date