

Mail To:
Office of the Attorney General
Employer Services
P.O. Box 12017 MC-046
Austin, TX 78711-2017
800-850-6442
www.employer.texasattorneygeneral.gov

OAG USE ONLY
Date Received: _____
EID: _____

Revocation of Authorization for Third Party Reporting

This form should be used to revoke the authorization of a Third Party agent to conduct business with the Office of the Attorney General, Child Support Division. Please check the appropriate box, sign, date, and return the form to the address in the upper left corner.

- I am an authorized representative for the Employer, and request that the Office of the Attorney General, Child Support Division, revoke the authorization which allowed the below named Third Party agent to transact business on the Employer's behalf.

- I am an authorized representative for the Third Party agent, and request that the Office of the Attorney General, Child Support Division, revoke the authorization which allowed business to be transacted on behalf of the Employer listed below.

Employer Name: _____

Employer FEIN: _____

Contact Name and Phone: _____

Third Party Agent Name: _____

Third Party Agent FEIN: _____

Contact Name and Phone: _____

Printed Name

Signature

Title (Owner, Partner, Officer, etc.)

Date