



## Signature Authorization Termination Form

**International Colored Appaloosa Association, Inc**

4610 New Mexico 206

Milnesand, NM 88125

[www.icaainc.com](http://www.icaainc.com)

[icaa@icaainc.com](mailto:icaa@icaainc.com)

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Authorizer's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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### The person(s):

Authorized Person #1

Authorized Person #2

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**on file as authorized signer(s) with the ICAA for the individual shown at the top of this form (Authorizer), is/are to be terminated effective:**

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

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### Signature of Individual (Authorizer)

Signature: **X** \_\_\_\_\_

Printed Name: \_\_\_\_\_

This form may be mailed to the above address or emailed to [icaa@icaainc.com](mailto:icaa@icaainc.com).