

## REMOVAL OF PROVIDER

Date \_\_\_\_\_

Account Number \_\_\_\_\_

Account Name \_\_\_\_\_

I authorize SMART to remove the following individual(s) from access to this SMART account.

**Remove**

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

USBC Member ID: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

**Remove**

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

USBC Member ID: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Signature of Association President or Primary User: \_\_\_\_\_

Print Name: \_\_\_\_\_ USBC Member ID: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Email (required): \_\_\_\_\_