



International Colored Appaloosa Association, Inc

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Signature Authorization Termination Form

Authorizer's Name: _____

Mailing Address: _____

City: _____ State/Province: _____ Country: _____ Zip/Postal Code: _____

Phone: _____ Email: _____

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: _____

Signature of Individual (Authorizer)

Signature: **X** _____

Printed Name: _____

This form may be mailed to the above address or emailed to icaa@icaainc.com.