## **REVOCATION OF AUTHORIZATION FOR ELECTRONIC FILING - MANAGING ATTORNEY**

I,

, Esq., am the managing attorney

of/attorney in charge of e-filing for

. I hereby

revoke the authorization, dated

, that authorized

.

to e-file documents on behalf of authorized

users in my firm in Appellate Division Case No.

Dated:

Signature

Print Name

Firm

Street Address

City, State and Zip Code

Phone

**E-Mail Address** 

This form must be e-mailed to the Resource Center <a href="https://www.nyscef@nycourts.gov">nyscef@nycourts.gov</a> for processing.

AD-EF-03D (eff. 3/1/18)