

ALABAMA DEPARTMENT OF LABOR
UNEMPLOYMENT COMPENSATION DIVISION
EXPERIENCE RATING SECTION, ROOM 4215
MONTGOMERY, AL 36131
PHONE: (334) 954-4741/FAX: (334) 956-7496

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

THAT _____ ACCOUNT NO. _____,

a _____ FEDERAL ID NO. _____,

(Corporation, partnership, individual, etc.)

having its principal office at _____, does hereby

constitute and appoint: CompuPay Inc., dba BenefitMall

(Name of Representative Company)

(Rep ID No.)

3450 Lakeside Drive, Suite 400

(Mailing Address of Representative Company)

Miramar, FL 33027

(City, State, and Zip of Representative Company)

Representative's Contact Name: Sue Larocca Telephone: (954)874-4800 its

true and lawful attorney in fact with full power and authority to represent the said _____,

before the Alabama Unemployment Compensation Agency until further notice in the following matter(s), to

wit: **(Check appropriate box)**

TAX ----
(Limited)

The filing of reports, payment of contributions, Cost Statements (quarterly), Tax Rate Notices (annually), and any legal documents, i.e. assessments, garnishments, etc., obtaining other account information as is permissible, (employer reporting data, tax rate information and liability dates).

BENEFITS ----
(Limited)

Requests for separation, 1st notice of payment of benefits for charge purposes, employer's protest of benefit claims and information relative thereto.

TAX AND BENEFITS ---- As described above in the first and second blocks.
(Unlimited)

TAX REPORTS ONLY --- The filing of quarterly reports and payment of contributions **only**.
(Limited)

This authorization cancels and supersedes all prior authorizations associated with the above action checked.

IN WITNESS WHEREOF, the said _____ has caused this instrument to be duly attested by the signature of its duly qualified officer this _____ day of _____, _____.

By: _____
Duly Qualified Officer

[NOTARY SEAL]

Title

Notary Public