

STATE OF DELAWARE
Department of Revenue

POWER OF ATTORNEY/AUTHORIZATION OF AGENT

NOTICE: This document is intended to provide limited authorization to facilitate the normal processing of employer payroll tax functions by a third-party service provider. The scope is confined to the payment and filing of State income tax or unemployment taxes, authorizations to receive rate or frequency information as well as resolution of any discrepancy in the employer account for such taxes.

Legal Employer Name _____ *Employer Account Number* _____

Trade Name - DBA (if applicable) _____ *Federal ID Number* _____

Official Mailing Address _____

City, State, Zip Code _____ *Phone Number* _____

DOES HEREBY APPOINT AS THE DULY AUTHORIZED ATTORNEY-IN-FACT/AGENT:

Name _____ CompuPay Inc DBA Benefitmall/ Attn: Sue Larocca

Address _____ 3450 Lakeside Dr Ste 400 *Phone Number* _____ 954-874-4800

City, State, Zip Code _____ Miramar, FL 33027

THIS AUTHORIZATION ALLOWS THE ATTORNEY-IN-FACT/AGENT TO ACT IN THE EMPLOYER'S NAME, RECEIVE CONFIDENTIAL INFORMATION, AND PERFORM THE UNEMPLOYMENT/WITHHOLDING COMPENSATION FUNCTION(S) CHECKED BELOW.

Check All That Apply:

All Withholding Tax **All Unemployment Tax** **Effective Date: 20__ - Until Further Notice**

PLEASE DIRECT ALL MAILINGS AND NOTICES TO THE EMPLOYER.

THIS AUTHORIZATION MUST BE SIGNED BY A SOLE PROPRIETOR, PARTNER, OR CORPORATE OFFICER, AND CONTAIN COMPLETE INFORMATION WHICH IS VERIFIABLE WITH THE DIVISION'S RECORDS. IT SUPERSEDES AND REVOKES ANY PRIOR AUTHORIZATION RELATING TO THE SUBJECT MATTER(S) CHECKED ABOVE, UNLESS THE EMPLOYER NOTIFIES THE DIVISION THAT THERE IS MORE THAN ONE ATTORNEY-IN-FACT. IT SHALL REMAIN IN EFFECT UNTIL WRITTEN NOTICE OF CANCELLATION OR A SUBSEQUENT AUTHORIZATION IS RECEIVED BY THE AGENCY. IT SHALL NOT BE AFFECTED BY LAPSE OF TIME. THE PRINCIPAL AGREES THAT ANY THIRD PARTY WHO RECEIVES A COPY OF THIS DOCUMENT MAY ACT UNDER IT.

PRINT PRINCIPAL'S NAME

PRINCIPAL'S SIGNATURE

TITLE OF PRINCIPAL

DATE