

POWER OF ATTORNEY

KNOW ALL PERSONS BY THESE PRESENTS:

THAT, _____, GA DOL Account No. _____, having its principal office at _____, hereby appoints Compupay Inc. DBA BenefitMall as its true and lawful agent with full authority to represent the said _____ before the Georgia Department of Labor, until further notice, in connection with all matters affecting State Unemployment Insurance Taxes including, without limitation, all claims, tax contributions and experience ratings.

This Power of Attorney supersedes and revokes any prior power of attorney authorization from the named employer relating to the subject matter hereof. The undersigned warrants that he or she is authorized to execute this Power of Attorney.

IN WITNESS WHEREOF, the undersigned has duly executed and delivered this Power of Attorney on behalf of the named employer this ____ day of _____ 20____.

Employer's Name

By: _____
Signature

Print or Type Name

Title

It is respectfully requested that all forms pertaining to unemployment taxes be mailed to the new ADDRESS OF RECORD as indicated below.