

UTAH DEPARTMENT OF WORKFORCE SERVICES

Unemployment Insurance

P.O. Box 45288

Salt Lake City, Utah 84145-0288

Fax (801) 526-9377



POWER OF ATTORNEY / AUTHORIZATION OF AGENT FORM

KNOW ALL MEN BY THESE PRESENTS:

THAT THE UNDERSIGNED, _____

a _____ Federal Identification Number: _____
(corporation, partnership, individual)

State Identification Number: _____ State: _____

Having its principal office at: _____

Does hereby constitute and appoint: _____ CompuPay, Inc. dba BenefitMall/ Attn: Sue Larocca
(Agent legal name)

its divisions and subsidiaries the true and lawful attorneys-in-fact of the undersigned, until further written notice, to represent the undersigned before any and all government bodies, agencies or instrumentalities, in all matters affecting unemployment insurance taxes including, without limitation, the following:

(Check and complete all applicable types)

Unemployment tax matters

Agent Address _____ 3450 Lakeside Drive, Suite 400

Agent City, State and Zip _____ Miramar, FL 33027

Agent Telephone _____ 954 _____ 874-4800

Check this box to send new correspondence to the above address.

Unemployment claims matters (determinations, hearing notices, appeals, benefit charges)

Agent Address _____

Agent City, State and Zip _____

Agent Telephone _____

Check this box to send new correspondence to the above address.

Each of said attorneys-in-fact shall have the power to act with or without the others and the power authority to perform, in the name and on behalf of the undersigned, every act necessary to carry out the subject matter hereof as fully as the undersigned could do. The undersigned hereby ratifies and approves the acts of said attorneys-in-fact. The services to be performed shall specifically exclude any which now or in the future may be deemed to be the practice of law.



This Authorization supersedes and revokes any prior power of attorney authorization from the undersigned relating to the subject matter hereof, and is valid from this date until rescinded by a letter or superseded.

IN WITNESS WHEREOF, the undersigned has duly executed and delivered this Authorization this _____ day of _____, 20____ .

Notary seal (required)

Name of Company (type or print)

By: _____
Signature (Authorized Officer)

Name and Title (type or print)

In case of questions about processing this form, please provide the following information:

Your Name

Title

Telephone

email address