

STATE OF VIRGINIA

Virginia Employment Commission (VEC)

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