

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That _____ Employer No. _____ ,
FEIN: _____ an employer, having its principal office at _____
_____ does hereby appoint **Compupay, Inc. dba BenefitMall**

Its true and lawful agent with full power and authority to represent the said Employer before the **West Virginia Unemployment Compensation Division** until further notice in connection with:

All matters affecting Unemployment Tax: **FILE AND PAY ONLY**

Compupay, Inc., dba BenefitMall
3450 Lakeside Drive, Suite 400
Miramar, Florida 33027
Attn: Sue Larocca
Phone: 954-874-4800
E-mail:DL-ElectronicTaxFiling@benefitmall.com

THIS AUTHORIZATION CANCELS AND SUPERSEDES ALL PRIOR AUTHORIZATIONS.

IN WITNESS WHEREOF, the said Employer has caused this instrument to be duly attested by the signature of its duly qualified officer this _____ day of _____ 20____.

(Corporate Seal)
(Notary Seal)

By:

Title:

Note to Client:
Completed ORIGINAL form
is to be returned to Compupay

Witness

Unemployment Compensation Division
Contribution Accounting
PO Box 106
Charleston, WV 25321