

THAT:

(Taxpayer Name)

Account # _____, a corporation, with address:

does hereby constitute and appoint _____ at

It's true and lawful attorney – in – fact with full power and authority to represent the said Corporation before the:

Delaware Division of Unemployment Insurance

Until further notice in the following matters, to-wit:

1. The presenting of completed forms, including claims for refund or adjustment of account, employer's protest of benefit claims, and information relative thereto.
2. The payment of contributions.
3. The obtaining of such information as is permissible.
4. All matters affecting merit rating.
5. **Change the official mailing address to:**

6. The personal discussion of any or all of the foregoing with proper officials of:

Delaware Division of Unemployment Insurance

This authorization to be effective immediately, superseding any such authority previously granted and to continue until cancelled.

IN WITNESS WHEREOF, the said CORPORATION has caused this instrument to be duly attested by the signature of its duly qualified officer this _____ day of _____ A.D. _____

Corporate Seal Here

Business Name

By _____

Title _____

Witness