

STATE: _____

SUI ID: _____



AUTHORIZATION

KNOW ALL MEN BY THESE PRESENTS:

THAT THE UNDERSIGNED, _____,

(COMPANY NAME AS SHOWN ON FEIN REGISTRATION)

a _____ Federal Employer Identification No. _____,

(CORPORATION, PARTNERSHIP, INDIVIDUAL)

having its principal office at _____, does hereby constitute and appoint ADP, LLC, 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, all claim, contributions and experience ratings and the signing of any and all documents relating thereto.

Each of said attorneys-in-fact shall have the power to act with or without the others and the power and 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.

This Authorization supersedes and revokes any prior power of attorney or authorization from the undersigned relating to the subject matter hereof.

IN WITNESS WHEREOF, the undersigned has duly executed and delivered this Authorization

this _____ day of _____ 20_____.

ATTEST:

Name of Company (type or print)

Signature (Authorized Officer)

Name and Title (type or print)