POWER OF ATTORNEY

THAT: _____
Employer Name

_____ a corporation, sole proprietorship, partnership, LLC, LLP, trust
Account # *FEIN #* *(circle one)*

with address: _____

_____

_____

does hereby constitute and appoint Stephanie Mendez at
OnPay, Inc - 675 PONCE DE LEON AVE NE, STE W207, ATLANTA, GA 30308
it's true and lawful attorney in fact with full power and authority to represent the said business entity before the:

Delaware Division of Unemployment Insurance

until further notice in the following matters, to wit:

☐ The presenting of completed forms, including claims for refund or adjustment of account, employer's protest of benefit claims, and information relative hereto.
☐ The payment of contributions.
☐ The obtaining of such information as is permissible.
☐ All matters affecting merit rating.
☐ Participates in SIDES.
☐ Access to file reports electronically.
☐ **Change of the official mailing address to:**

_____

_____

_____

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

Delaware Division of Unemployment Insurance

THIS AUTHORIZATION CANCELS AND SUPERSEDES ALL PRIOR POWERS OF ATTORNEY. THIS POWER OF ATTORNEY CAN BE CANCELLED BY THE BUSINESS ENTITY AT ANY TIME BY WRITTEN NOTICE TO THE DIVISION OF UNEMPLOYMENT INSURANCE.

AFFIDAVIT:

I, _____(Name of Authorized Citizen), being duly sworn depose and say that I hold the office _____, in the _____, Employer Registration Number _____ having its principal office at _____ and am fully authorized on behalf of such company to grant the powers stated in said Power of Attorney to _____(Party Granted Power of Attorney) as the true and lawful attorney in fact with power and authority to represent _____(business entity) before the **DELAWARE DIVISION OF UNEMPLOYMENT INSURANCE** without first obtaining the direction and approval of the Board of Directors of _____(business entity).

_____
(Signature of Authorized Officer)

Sworn and subscribed before me this _____ day of _____, 20_____.

_____
Notary Public

(NOTARY SEAL)

Notary Expiration: _____