



CLAIMS REMITTER AUTHORIZATION FORM

Account Number

Employer Name and Address

\_\_\_\_\_  
\_\_\_\_\_

Division of Employment Security

P.O. Box 25903

Raleigh, N.C. 27611-6504

Federal Employer Identification Number: \_\_\_\_\_

Phone: (919) 707-1170

Fax: (919) 715-0780

des.tax.customerservice@nccommerce.com

Please link this employer account to the remitter listed below.

If you need a remitter number, leave the remitter number section blank.

Remitter Name: OnPay Inc

Remitter Number: 016087

Title: Reporting Agent

Contact Name: Stephanie Mendez

Telephone: ( 877 ) 328 - 6505

Fax: (      )      -     

Person Authorizing Linkage: \_\_\_\_\_

Name

\_\_\_\_\_

Title

(      )      -     

Telephone Number

\_\_\_\_\_ Signature

*Employer Call Center, PO Box 25903, Raleigh, NC 27611-*