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NC Dept. of Commerce
Division of Employment Security
Post Office Box 26504, Raleigh, NC 27611-6504

"All fields are required unless specified optional"

POWER OF ATTORNEY AND DECLARATION OF REPRESENTATIVE

Part 1. Employer's Information. Must sign and date this form on page 2

EMPLOYER'S NAME AND ADDRESS *(Exactly as shown on the Division of Employment Security Records)*	EMPLOYER DES IDENTIFICATION NUMBER
	EMPLOYER FEDERAL IDENTIFICATION NUMBER -

Part 2. Agent

AGENT NAME	AGENT DES IDENTIFICATON NUMBER
ONPAY TAX DISBURSEMENT LLC	16087
ADDRESS 675 Ponce De Leon Ave NE, Ste W207 Atlanta, GA 30308	AGENT FEDERAL IDENTIFICATION NUMBER 35 2647026
EMAIL ADDRESS tax@onpay.com	PHONE NUMBER (877) 328-6505 FAX NUMBER (optional)

The above agent is appointed to represent the above-referenced employer in any of the matters pertaining to contributions (tax) and/or benefits (claims) as listed below. The agent appointed pursuant to this Power of Attorney and Declaration is authorized to:

MAINTENANCE:

☐ Authorize maintenance of and changes to an employer's DES online account, including, but not limited to, contact details, ownership information, address (physical and mailing), FEIN, name change, reporting successorship, request change in reporting method and/or request seasonal designation, and inactivate/reactivate account.

TAX:

☒ Complete and submit documents for filing employer's tax and wage report;
☒ Complete and submit documents regarding an employer's tax rate, contributions and direct reimbursements; and/or
☐ Accept and receive correspondence sent by DES on an employer's tax contributions.

CLAIMS:

☐ Accept and receive correspondence sent by DES regarding claims for benefits, or respond to benefit claim documents, including responding to requests for information about a claimant's separation status.

The undersigned employer acknowledges that the agent appointed pursuant to this Power of Attorney and Declaration of Representative is not authorized to: (a) Represent the employer in hearings or (b) Enter appeals except as authorized by N.C. Gen. Stat. 96-17(b) and 04 N.C. Admin. Code 24A .0110(a) and (b). The undersigned employer further acknowledges that its mailing address for tax matters will remain unchanged, unless the employer submits a change of address in accordance with 04 N.C. Admin. Code 24A .0102.

Part 3. Declaration of Representative

This Power of Attorney and Declaration of Representative shall become effective on _____ and shall remain in effect until terminated by the employer, the representative, or the Division of Employment Security. Authorizing any of the above-listed roles also authorizes the agent to engage in discussion with a representative of the Division of Employment Security regarding the selected role(s). On the effective date, this Power of Attorney and Declaration of Representative revokes any earlier power of attorney on file with the Division of Employment Security on the roles selected above.

AUTHORIZED SIGNATURE

DATE SIGNED

TYPED OR PRINTED NAME

TITLE

The document must be signed by (a) the individual, if the employer is an individual; (b) the president, vice president, or other principal officer, if the employer is a corporation; (c) a partner, if the employer is a partnership or limited liability partnership; (d) a member, if the employer is a limited liability company or professional limited liability company; (e) a responsible and duly authorized member or officer having knowledge of its affairs, if the employer is a government entity, or other unincorporated organization; (f) the fiduciary, if the employer is a trust or an estate, or (g) a person appointed by the employer pursuant to a power of attorney under Chapter 32C of the N.C. General Statutes.