

- ☐ State copy
- ☐ UE® copy
- ☐ Client copy



North Dakota Division of Unemployment Compensation Power of Attorney/Authorization of Agent

Legal Employer Name

UC Employer Number (required)

Trade Name-DBA (if applicable)

Federal ID Number

City, State, Zip Code

Phone Number

Does Hereby Authorize As Agent:

Paychex Inc.

16-1124166

Name

Federal ID No.

2000

585-336-7600

Address (Number and Street)

P.O. Box

Phone Number

Henrietta, New York 14467

City, State, Zip Code

This authorization allows the above agent to receive confidential information and to perform for the employer the Unemployment Compensation function(s) checked below. Once this Power of Attorney is in effect, correspondence from the Division of Unemployment Compensation must be routed to the **agent's** address, until otherwise notified.

Check All That Apply:

☒ Tax Preparation/Filing ☒ Claims Matters ☒ Tax Matters ☒ Appeals

This power of attorney/authorization should have an original signature of a sole proprietor, partner, or corporate officer and should contain information which is **complete** and **verifiable** with the Division's records. The Division recommends the authorization be **witnessed** for the protection of the employer's records. This authorization supersedes and revokes any prior power of attorney/authorization relating to the subject matter(s) checked above unless the employer notifies the Division that there is more than one attorney-in-fact. This power of attorney/authorization shall remain in effect until written notice of cancellation or a subsequent authorization is received by the Division of Unemployment Compensation.

Authorized Signature

Print or Type Name

Witness

Title

Witness

Date

Record of Address Authorization

By the action of the owners/stockholder(s) of _____ ,

the following will be authorized:

Paychex Inc., a National Payroll Processing Company and Unemployment Administrator, is to act as our company's Record of Address for state unemployment claims administration effective _____ .

Company Name: _____

Company Address: _____

Fed ID #: _____

State ID/ER #: _____

State: NORTH DAKOTA _____

Please update your records accordingly with the following address.

**Paychex Inc.
State Unemployment Insurance Services
PO Box 2000
Henrietta, NY 14467**

Signature of owner(s)/stockholder(s)