

# State Unemployment Insurance Power of Attorney

## AUTHORIZATION

KNOW ALL MEN BY THESE PRESENTS:

THAT THE UNDERSIGNED,

\_\_\_\_\_ ,

GA DOL Account No. \_\_\_\_\_ ,

having its principal office at \_\_\_\_\_ , does hereby constitute and appoint GBC Services, LLC as its and lawful attorneys-in-fact of the undersigned, until further written notice, to represent the undersigned before GA Department of Labor in all matters affecting unemployment insurance taxes including, without limitation, all claims, 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 \_\_\_\_\_ .

\_\_\_\_\_  
Name of Company (type or print)

ATTEST:

By: \_\_\_\_\_  
Signature (Authorized Officer)

\_\_\_\_\_  
Name and Title (type or print)

State:

SUI Number: