

**POWER OF ATTORNEY**

THAT: Employer Name  
*Employer Name*  
DE SUI Acct # / FEIN # a corporation, sole proprietorship, partnership, LLC, LLP, trust  
*Account #* *FEIN #* *(circle one)*  
with address: primary employer address

does hereby constitute and appoint Paychex, Inc at  
1175 John Street, West Henrietta, NY 14586-9199  
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:** \_\_\_\_\_