



# Power of Attorney for Representing Employer under the Illinois Unemployment Insurance Act

Fax: 312-793-6296

Account No. 9999999 9

Employer COMPANY LEGAL NAME

located at COMPANY LEGAL ADDRESS, CITY, ST, ZIP ( 999 ) 999-9999  
(Street Address, City, State, Zip Code) Telephone Number

E-mail Address \_\_\_\_\_

hereby authorizes PAYCYCLE INC

located at 6884 SIERRA CENTER PKWY, RENO, 89511 ( 800 ) 536-1281  
(Street Address, City, State, Zip Code) Telephone Number

E-mail Address \_\_\_\_\_

to represent the Employer before the Director in any and all matters, to act in the Employer's stead with the same consequences as the Employer, and to receive any and all information requested by said Representative pertaining to the Employer's liability for the payment of contributions, interest and penalties under the Illinois Unemployment Insurance Act (except that I understand that notices pertaining to a Determination and Assessment or Refund/Adjustment shall be sent to the employing unit at its principal place of business or its last known place of business or residence), until such time as the appointment is terminated. I understand that my Representative shall be provided information only to the extent that it is requested for one of the purposes set forth in Section 1900 of the Illinois Unemployment Insurance Act [820 ILCS 405/1900].

PRIMARY PRINCIPAL SIGNATURE

Signature

COMPANY LEGAL NAME

Name of Employer

By PRIMARY PRINCIPAL NAME

Title PRIMARY PRINCIPAL TITLE

Date MM/DD/YYYY

DO NOT MAIL EMPLOYER DOCUMENT TO PAYCYCLE INC