

Account No. _____

KNOW ALL MEN TO THESE PRESENTS, That the employer, _____
Name

_____ State whether individual, partnership or corporation, etc.

located at _____
Address

has made, constituted and appointed, and by these presents does hereby make, constitute and appoint Representative,
_____ Name and Address

as attorney(s)-in-fact for the employer, to represent the employer before the Director of Employment Security of the State of Illinois, in any and all matters, proceedings and hearings pertaining to the employer's liability for the payment of contributions, interest and penalties under The Illinois Unemployment Insurance Act.

Giving and granting unto the employer's said representative, full power and authority to do and perform all and every act and thing whatsoever requisite, necessary and proper to be done, in and about the premises as fully to all intents and purposes as the employer might or could do, hereby ratifying and confirming all that the employer's said attorney shall lawfully do or cause to be done by virtue hereof. This Power of Attorney can be used to change the mailing addresses of only the documents specified on the reverse side of this form. Unless the reverse side of this form is completed, no documents will be sent to the address designated on the Power of Attorney. However, all documents other than those specified by the Department on the reverse side will be mailed to the employer's last known place of business.

Dated at _____, this _____ day of _____, _____.

Name of Employer

By _____
Signature

Title _____