



P q t v j ' E c t q d p c "
F g r c t w o g p v ' q h E q o o g t e g "
Division of Employment Security

Rev O e Et q t { . " I q x g t p q t
L q j p ' G O U n x c t r . " K K U g e t g v c t { "

"" W . T . B r i n n , J r " I n t e r i m A s s i s t a n t " U g e t g v c t { "

REMITTER AUTHORIZATION FORM

"

"" Account Number

"

"

.....

"" Employer Name and Address "" T g w t p ' q c '
aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa "" ""

Division of Employment Security
P.O. Box 26504
Raleigh, N.C. 27611-6504
"" Fax: (919) 733-1255

Federal Employer Identification Number: _____

Please link this employer account to the remitter listed below:

Remitter Name: _____

Remitter Number: _____

Contact Name: _____

Title: _____

Telephone: () _____ - _____

Fax: () _____ - _____

Person Authorizing Linkage: _____

Name

Title

() _____ - _____

Telephone Number

Signature