

Ohio Bureau of Employment Services
145 South Front Street
Columbus, OH 43215

Employer's Letter of Authorization

Type or print in ink.

ABS# _____

Please be advised that:

- (1) _____ (Employer's Name)
(2) _____ (Street Address)
(3) _____ (P. O. Box Number)
(4) _____ (City, State, Zip Code)

does hereby constitute and appoint:

- (5) ABSHI (Authorized Representative)
(6) 126 Merrow Road (Street Address)
(7) P. O. Box 1330 (P. O. Box Number)
(8) Auburn, Me. 04211 (City, State, Zip Code)

as the authorized representative of said employer for providing unemployment compensation wage information to the Ohio Bureau of Employment Services, 145 South Front Street, Columbus, Ohio 43215.

In witness whereof, the said employer has executed this instrument by signature this:

(9) _____ day of January 19 _____

This authorization cancels and supersedes all prior authorizations for providing unemployment compensation wage information. Changes to this authorization shall be reported immediately to the Ohio Bureau of Employment Services at the stated address.

By:(10) _____
Signature(Official of Employer) (Title)

(11) _____
State Employer Account Number

Bureau Use Only
Transmitter Number: