COUNTY

GA. DOL ACCOUNT NO.

FOR DEPARTMENT USE ONLY

REIMBURSABLE EMPLOYER'S POWER OF ATTORNEY

WHEREAS,		, an employer liable under OCGA Sections
34-8-33(a)(4) or (5) or 3	(employer) 34-8-35(h) and (i) of the Employment Security Law, has e	elected under subsection (b) of OCGA Section
34-8-158 of the Employn	nent Security Law to reimburse the Georgia Department of	Labor an amount equal to the sum of all regular
benefiits paid and one-ha	alf of any extended benefits paid, which are attributable to	service in the employ of such employer; and

WHEREAS, this employer has been approved under subsection (b)(5) of OCGA Section 34-8-160 of the Employment Security Law to deposit acceptable securities in lieu of either the cash deposit or surety bond required by subsection (a); and

WHEREAS,		, has purchased in its own
	(employer)	
name	(Give full description	of Security)
of total value of \$	for the purpose of substituting fo	r the above described cash deposit or surety bond; and
WHEREAS, these	e securities along with a copy of this Powe	r of Attorney properly executed will be deposited in the
	(Name and Address of	Bank)
for safekeeping.		
NOW, THEREFOR	RE, pursuant to the terms of the Employment S	ecurity Law:
KNOW ALL MEN I	BY THESE PRESENTS, that the undersigned of	officer of the
		, pursuant to authority granted him to
	(employer)	, pulsuant to autionty granted him to
on behalf of		, hereby constitutes and
appoints the Georgia Depa	infinent of Labor the true and lawful Attorney in	Fact for
		to act in its place and stead, as follows:
	(employer)	
In the event of def	ault by(e	, the
Attorney in Fact is hereby a		mption of the subject Security to the obligor Bank in writing
		of their issue, upon receipt of which notice of redemption
		ty pursuant to the terms thereof and to pay all sums due
0	Georgia Department of Labor for application by	
	see ges bopartment er Eaber for apprioation by	and - openational

GEORGIA, _____

This Power of Attorney, being coupled with an interest in the Employment Security Law, shall be irrevocable by

	as long as said
(employer)
employer is a reimbursable employer. This Power of Atto	rney shall remain in force as long as any obligations remain
due thereunder and until there shall be revocation of thi	s Power by both
· · ·	ployer)
and the Attorney in Fact and written proof thereof to obligor	Bank. The obligor Bank shall honor this Power of Attorney but
shall be under no obligation for the proper application of fu	unds that are forwarded to the Georgia Department of Labor.
IN WITNESS WHEREOF,	has hereunto
set its official hand and seal this day	of, 20
	(Employer)
ATTEST:	
	BY(Signature of Officer)
	(Person who is authorized to sign this Power of Attorney must attach his authorization to sign for the named em- ployer.)

NOTICE OF RECEIPT OF SECURITY BY DEPOSITORY BANK:

Receipt of securities described herein is hereby acknowledged and such security will not be released unless written authority is received from the Attorney in Fact.

(Date)

(Signature of Bank Official)

(Title)

If you have any questions with respect to this form, call (404) 232-3310.