

## WRITTEN AUTHORIZATION

To represent employing unit in its relations with the Texas Workforce Commission

### GRANTOR INFORMATION

1. CONTACT NAME: \_\_\_\_\_ 3. TWC ACCT NO. \_\_\_\_\_  
2. PHONE NO. \_\_\_\_\_ 4. FEID NO. \_\_\_\_\_

\*(5) BY THIS INSTRUMENT, \_\_\_\_\_  
(Name of Grantor)

(6) an employing unit which is a/an \_\_\_\_\_  
(Individual, Partnership, or Corporation, etc.)

(7) whose address is \_\_\_\_\_  
(Grantor's current mailing address)

\*(8) appoints \_\_\_\_\_  
(Name of Authorized Grantee)

(9) whose TWC ACCOUNT NO. is \_\_\_\_\_

and whose address is \_\_\_\_\_,

its lawful representative to represent it in its relations with the Texas Workforce Commission, and specifically authorizes said representative to transact any and all business as between grantor of said authorization and said Commission to do any and all acts necessary, excluding litigation in court.

**This Written Authorization shall be in full force and effect until such time as a Revocation of Written Authorization, Form C-43, revoking it is filed in the office of said Commission at Austin, Texas. (Revocable by either party, the Grantor or Grantee.)**

\*(10) \_\_\_\_\_  
Printed name, signature and title (Owner, Partner, Officer, etc.) of person signing for Grantor.

\*(11) **Date Signed** \_\_\_\_\_

**\*MANDATORY INFORMATION**

## INSTRUCTIONS FOR WRITTEN AUTHORIZATION

To represent Employing Unit in its Relations with the Texas Workforce Commission

Description of information required on front of document. \*Failure to complete the items with an asterisk (\*) will result in the document being returned as incomplete.

1. Enter the name of the contact person responsible for answering any questions pertaining to state unemployment insurance taxes.
2. Enter Contact person's telephone number including Area Code.
3. Enter the Account Number assigned to the Grantor by Texas Workforce Commission.  
**If the Grantor does not have a number, a Form C-1, Status Report, should be submitted.**
4. Grantor's Federal Employer Identification Number.
- \*5. Name of Grantor.
6. Type of ownership (individual [sole proprietorship], partnership, corporation, trust, limited liability company, estate, etc.)
7. Grantor's current mailing address.
- \*8. **IMPORTANT:** Name of Grantee who is being appointed.
9. Grantee's Texas Workforce Commission Account Number and address.
- \*10. **Printed name, signature and title:** The Written Authorization must be signed by the (1) individual, if the Grantor is a sole proprietor; (2) a responsible and duly authorized member or officer having knowledge of its affairs, if the Grantor is a partnership or other unincorporated organization; (3) the president, vice president, or other principal officer, if the Grantor is a corporation; or, (4) the fiduciary, if a trust or estate.
- \*11. Dated Signed.

### NOTE! WRITTEN AUTHORIZATION MAY BE REVOKED BY GRANTOR OR GRANTEE.

Individuals may receive, review and correct information that TWC collects about the individual by emailing to [open.records@twc.state.tx.us](mailto:open.records@twc.state.tx.us) or writing to TWC Open Records, 101 E. 15<sup>th</sup> St., Rm. 266, Austin, TX 78778-0001.