



STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE  
**GOVERNMENTAL ENTITY COLLECTIONS  
NOTICE OF AUTHORIZATION**

The director of a claimant agency participating in either Setoff Debt or GEAR Collection is required to submit a Notice of Authorization to the SCDOR allowing the designated Setoff Debt or GEAR Coordinators to make requests on behalf of the claimant agency. This notice must include the name, title, email address, and signature of the designated Setoff Debt or GEAR Coordinator. If you have more than one coordinator, you must include information for each coordinator on the Notice of Authorization. New coordinators should be added as quickly as possible to not miss important correspondence. Notify the SCDOR of previously listed coordinators who no longer work with the programs so that access can be removed.

Select the applicable programs:  Setoff Debt  GEAR **Calendar year:** \_\_\_\_\_

Claimant agency: \_\_\_\_\_

**Appointed Setoff Debt/GEAR Coordinator #** \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Select coordinator's GoAnywhere access status:  Existing user  New user  User access not needed

Initials of claimant agency director: **(needed for approval)** \_\_\_\_\_

**Appointed Setoff Debt/GEAR Coordinator #** \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Select coordinator's GoAnywhere access status:  Existing user  New user  User access not needed

Initials of claimant agency director: **(needed for approval)** \_\_\_\_\_

Accept this as a Notice of Authorization for the above individual(s) to make requests on behalf of this agency.

\_\_\_\_\_  
Claimant agency director's name

\_\_\_\_\_  
Signature

Email to: SetoffDebt@dor.sc.gov