



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

Email Notice of Authorization to SetOffDebt@dor.sc.gov, or mail to:

South Carolina Department of Revenue
ATTN: Governmental Entity Collection Programs
P.O. Box 125
Columbia, SC 29214-0219

Notice of Authorization

A claimant agency participating in either Setoff Debt or GEAR Collection is required to submit to the Department a letter of authorization from the agency's Director allowing the designated Setoff Debt or GEAR Coordinator(s) to make a request(s) on behalf of the claimant agency. This letter must include the name, title, email, and signature of the designated Setoff Debt or GEAR Coordinator. If you have more than one Coordinator you must complete a separate Notice of Authorization for each.

Check applicable program(s):

Setoff Debt GEAR

Claimant Agency: _____

Coordinator 1 _____ (Claimant Agency Director initial to approve.)

Appointed Setoff Debt/GEAR Coordinator: _____

Title of Appointed Setoff Debt/GEAR Coordinator: _____

Signature of Appointed Setoff Debt/GEAR Coordinator: _____

Email of Appointed Setoff Debt/GEAR Coordinator: _____

Coordinator 2 _____ (Claimant Agency Director initial to approve.)

Appointed Setoff Debt/GEAR Coordinator: _____

Title of Appointed Setoff Debt/GEAR Coordinator: _____

Signature of Appointed Setoff Debt/GEAR Coordinator: _____

Email of Appointed Setoff Debt/GEAR Coordinator: _____

Accept this as a notice of authorization for the above individual(s) to make requests on behalf of the respective claimant agency.

Claimant Agency Director's Name (Print)

Signature