



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

A claimant agency participating in either Setoff Debt or GEAR Collection is required to submit to the SCDOR a Notice of Authorization from the agency's director 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, and signature of the designated Setoff Debt or GEAR Coordinator. If you have more than one coordinator, information for each coordinator must be included on a Notice of Authorization.

Select the applicable programs:  Setoff Debt  GEAR

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

**Appointed Setoff Debt/GEAR Coordinator #1**

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 #2**

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 the respective claimant agency.

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

\_\_\_\_\_  
Signature

**Email to:** SetOffDebt@dor.sc.gov