

**BEFORE ROLLING THIS SCHEME OUT TO YOUR EMPLOYEES YOU MUST FIRST REGISTER AS A
NEW PARTNER BY COMPLETING THIS FORM**

Company Name: _____

Registered Company Address: _____

_____ **Post code:** _____

HR Manager/Main HR Contact Name: _____

Phone Number: _____ **Email:** _____

Payroll Manager/Main Payroll Contact Name: _____

Phone Number: _____ **Email:** _____

Employee Pay Date: _____ **Cut-off Date for Payroll Changes:** _____

Payroll Frequency: (for e.g. Fortnightly, Monthly) _____

Transfer Date (ideally within 5 working days of the Employee Pay Date) _____

Payroll Manager Signature: _____ **Print Name:** _____

Date: _____

If you have any questions whilst completing this form, please contact us on 020 3468 8568 or email us at cu-info@croydonplus.co.uk and we will be more than happy to assist you.

