

## 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 Nam	e:	
Phone Number:	Email:	
Employee Pay Date:	Cut-off Date for Payroll Changes:	
Payroll Frequency: (for e.g. Fortnightly, Mon	ithly)	
<b>Transfer Date</b> (ideally within 5 working days of	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 <u>cu-info@croydonplus.co.uk</u> and we will be more than happy to assist you.

Croydon, Merton & Sutton Credit Union Ltd Trading as Croydon Plus Registered office - Bernard Weatherill House, 8 Mint Walk, Croydon, CR0 1EA Tel: 020 3468 8568 - Email: cu-info@croydonplus.co.uk Web: www.croydonplus.co.uk







