

CAF Give As You Earn[®]

ADDITIONAL PAYROLL FORM

This form can be used to register additional payroll centres within your organisation, so long as Employees are officially contracted with the Account Holder. If Employees are officially employed by a subsidiary of the Account Holder, the subsidiary is classed as a separate legal entity and you should complete a separate CAF Give As You Earn Application Form.

Please indicate how you are using this form:

- To register a new payroll under a **new** CAF Give As You Earn Service. Please attach this form to your CAF Give As You Earn Application Form and submit together
- To register a **new** payroll under an existing CAF Give As You Earn Service.
Please provide your 11 digit CAF Give As You Earn contract number' (if known):
- To **update** information relating to a payroll that already forms part of your CAF Give As You Earn Service. Please provide your 11 digit CAF Give As You Earn contract number' (if known):

Section 1

Organisation Details

Where we refer to 'the Account Holder', this should be the name and registration number of the entity which officially employs your employees. Please provide the registered company number if you are registered on Companies House. If you are a charity, please provide the number registered with the Charity Commission, the Office of the Scottish Charity Regulator, or the Charity Commission for Northern Ireland.

Organisation details ('the Account Holder')

Organisation name

Please complete one of the following as most appropriate:

- Registered company number
- Registered charity number
- FCA registration number
- Other (please specify)

Registered address

Postcode

Website

Main telephone

Section 2

Your Payroll

We ask for your bank details to help us identify your Employees' Donations when you send them to us. If the bank account sending the donations is in a different name from the employing entity please share the organisation's details in the Third Party section.

When listing the bank account name please use the official account name as listed on statements and correspondence from your bank.

Your Organisation's bank details (where your Employee's Donations will be transferred from)

Bank account name

Account number

Sort code

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Charities can request a breakdown of the donations they receive through CAF Give As You Earn Service, itemised by employer and employee. Please tick the box below if you would prefer your organisation to remain anonymous in such listings.

Payroll Details

First payroll

CAF Give As You Earn is managed online. Please share the email address of the colleague who will be responsible for submitting payroll reports online and we will get them set up against your contract. If this will be a third party outside of your organisation, please complete the Third Party section.

Title Mr Mrs Miss Ms Other (please specify)

Forename(s)

Surname

Job title

Work address Same as the organisation's registered address specified in Section 1

Other (please specify)

Postcode

Work email

Work telephone

Payroll frequency

Please indicate the frequency you run your payroll:

Weekly Monthly Lunar/4 week cycle

Enter the date you wish to start your GAYE scheme

dd/mm/yyyy

Second payroll

CAF Give As You Earn is managed online. Please share the email address of the colleague who will be responsible for submitting payroll reports online and we will get them set up against your contract. If this will be a third party outside of your organisation, please add it in the Third Party section.

Same as Contact Administrator specified in section 2

Same as Service Administrator specified in section 2

Title Mr Mrs Miss Ms Other (please specify)

Forename(s)

Surname

Job title

Work address Same as the organisation's registered address specified in Section 1

Other (please specify)

Postcode

Work email

Work telephone

Payroll frequency

Please indicate the frequency you run your payroll

Weekly Monthly Lunar/4 week cycle

Enter the date you wish to start your GAYE scheme:

dd/mm/yyyy

Section 3

Working with Third Parties

We know many of our clients choose to work with third parties in order to help manage their schemes – either to engage employees, integrate into a benefits platform, or process payroll reports and funds. It is essential we are made aware of these relationships and that we have your authorisation so we can share details about your scheme with them. Please see section 10 of our Terms which relates to working with third parties.

We hereby notify you that we have appointed the following as our third party/parties:

Third Party details 1

- Subsidiary company/branch
- Payroll bureau processing agent
- Professional fundraising organisation
- Technology service provider relating to payroll/employee giving (including a flexible benefits provider)

Name

Address

Postcode

Website

Registered company number

Contact name

Contact email addresses

Third Party details 2

- Subsidiary company/branch
- Payroll bureau processing agent
- Professional fundraising organisation
- Technology service provider relating to payroll/employee giving (including a flexible benefits provider)

Name

Address

Postcode

Website

Registered company number

Contact name

Contact email addresses

If your employees' donations are sent to us by an entity other than your organisation, please provide their details.

Name

Address

Postcode

Website

Registered company number

Contact name

Contact email addresses

Section 4

Paying Charges

CAF is a charity and charges to manage the scheme. Details of this charge are available at the end of this form. The default is that charges are deducted from Employee Donations, however if you would like to cover these charges so charities receive the full amount as instructed by your employees, we can invoice your quarterly.

Please choose one of the 3 options:

1. Pay all charges
2. Pay all charges with a cap of £10 per Employee Donation per pay period. Any outstanding charges will be taken from the relevant Employee Donation
3. Charges to be taken from Employee Donations.

If you have opted to pay any part of the charges (options 1 or 2 above), please indicate how you would like to make the payment:

Charges should be taken from an existing CAF Company Account

Please specify account number

You wish to be invoiced quarterly

If you have indicated that you would like to be invoiced, please specify an invoice contact below:

Title Mr Mrs Miss Ms Other (please specify)

Forename(s)

Surname

Job title

Work address Same as organisations registered address from Section 1

Other (please specify)

Postcode

Work email

Work telephone

Section 5

Authorisation

The form must be signed by one of the following individuals:

- An existing user authorised as a Service Administrator
- Company: Director (as registered on Companies' House)
- LLP or other partnership: Partner
- Charity/Trust: Trustee
- Other non-incorporated organisation: Chief Executive or equivalent

Incorrectly signed forms will be rejected.

If your constitution requires more than one signature, please provide these with title, full forename, surname and job title on a separate sheet and arrange for the individual(s) to sign the form.

By signing the application form, we, the Account Holder, confirm that:

- we agree to the [CAF Give As You Earn Terms and Conditions](#), [CAF Staff Charity Fund Terms and Conditions \(where applicable\)](#) and [Schedule of Charges](#)
- if there was anything that we did not fully understand, we have sought professional advice and guidance
- the individuals detailed in the Users section of this form are authorised to act as Users and have authorised the disclosure of their personal details to CAF
- we have full capacity and authority to enter into and perform this contract and the person signing this form on our behalf is authorised to do so
- the information given on this form is accurate and true, to the signatories best knowledge
- we are responsible for updating CAF if the contact details, access privileges or third parties change (including if an Authorised Contact is no longer employed by the Account Holder)

Signed on behalf of the Account Holder:

Title Mr Mrs Miss Ms Other (please specify)

Forename(s)

Surname

Job title

Date of birth

Home address

Postcode

Authorised signatory

Date dd/mm/yyyy

Communications

As well as contacting you about this product or service, we would like to send your authorised contacts information about other related products and services from the CAF Group that we believe will be of interest to you. If you DO NOT want to receive this information by the following methods, please tick all that apply:

Email Phone

Please note: if you tick a box, we will not be able to tell you about these products and services in this way.

For information about how CAF handles your information see our [Privacy Notice](#). CAF and the companies in which it has a majority stake, or their subsidiaries (defined here as the CAF Group) will not share your information with any outside organisation except as part of providing a product/service or when legally obliged to do so.

Next steps

Once completed and signed, please return the form by email to giveasyouearn@cafonline.org. Please keep a copy for your future reference.

Incorrectly signed forms will be rejected.

You will receive an email confirmation once we have added your payrolls. No binding agreement shall exist until CAF sends the Account Holder email confirmation of the acceptance of the application

CAF are unable to receive donations that have been deducted prior to the contract being in place.