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# CAF GIVE AS YOU EARN®

## CHANGE FORM

Thank you for being a CAF Give As You Earn customer, and being part of the largest payroll giving operation in the UK.

This form is for you to update us of any changes to your scheme, from updating and replacing users to adding matched giving, a Staff Charity Fund or changing how you pay the charges.

If you are looking to add a Payroll, you will need an Additional Payroll Form. Please find it here: Give As You Earn supporting documents ([cafonline.org](https://cafonline.org)) or request this from Please request this from [giveasyouearn@cafonline.org](mailto:giveasyouearn@cafonline.org)

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## SECTION 1

### ORGANISATION DETAILS

Please complete this section with the organisation name referenced in your original agreement and your GAYE contract number which was provided in your welcome email. This information will help us identify you in our records and make the requested changes.

#### ORGANISATION DETAILS ('THE ACCOUNT HOLDER')

Organisation name

GAYE contract number (11 digit number)

Please indicate whether you would like to apply all changes in this form to:

- The above account only       All accounts       The following accounts

Account number

Account number

Account number

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## SECTION 2

# ADDING OR REPLACING AUTHORISED USERS

Please list all individuals who you authorise to use this account and indicate the level of access they should have by ticking the relevant box. Please continue on a separate sheet if you wish to add more individuals.

	Request information (e.g. statements, names of users)	Make distribution requests	Add/ remove additional users	Open new products or add services	Online access
Service Administrator (required user)	✓	✓	✓	✓	✓
Contact Administrator	✓	✓	✓		✓

In certain circumstances it may be necessary to request identification documentation to satisfy our requirements in line with Financial Crime prevention legislation and regulations.

### USER 1

Adding     Replacing

If replacing a user, please state which current user should be removed

Contact Administrator     Service Administrator

Title  Mr  Mrs  Miss  Ms  Other (please specify)

Forename(s)

Surname

Job title

Work address  Same as the organisation's registered address

Other (please specify)

Postcode

Work email

Work telephone

## USER 2

Adding  Replacing

If replacing a user, please state which current user should be removed

Contact Administrator  Service Administrator

Title  Mr  Mrs  Miss  Ms  Other (please specify)

Forename(s)

Surname

Job title

Work address  Same as the organisation's registered address

Other (please specify)

Postcode

Work email

Work telephone

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## SECTION 3

### ADDING OR REPLACING 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 8 of our Terms which relates to working with third parties. If you have engaged a new payroll processor, a benefits provider or a Professional Fundraising Organisation (PFO), please tell us about it here. If you have access to the online portal, you can make the update there.

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

#### THIRD PARTIES HELPING TO MANAGE YOUR GAYE SCHEME

##### THIRD PARTY DETAILS 1

Replacing Please provide the third party name

Adding

Type

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

Replacing Please provide the third party name

Adding

Type

Subsidiary company/branch

Payroll bureau processing agent

Professional fundraising organisation

Technology service provider relating to payroll/employee giving (including a flexible benefits provide

Name

Address

Postcode

Website

Registered company number

Contact name

Contact email addresses

### **THIRD PARTIES SENDING FUNDS ON YOUR BEHALF**

If your employees' donations are sent to us by an entity other than your organisation, please provide their details. You will need to provide the bank account details in Section 4.

Replacing Please provide the third party name

Adding

Type

Group/subsidiary company/branch  Payroll bureau processing agent

Name

Address

Postcode

Website

Registered company number

Contact name

Contact email addresses

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## SECTION 4

### UPDATING BANK DETAILS

If your bank details have changed since you opened your contract, please tell us about it here.

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

- - -

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.

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## SECTION 5

### ADDING A STAFF CHARITY FUND

This is an optional feature of GAYE, you only need to complete this if you wish to open a Staff Charity Fund.

In addition to individual Employee Donations, Give As You Earn offers the option to set up a group fund to allow you to pool Employees' Donations so they can make a more substantial donation to a chosen charity, at a chosen time. It is a great way to unite employees and it is often used for disaster relief or to support a charity partner as part of a wider programme.

We deduct a flat charge from donations into the Staff Charity Fund. Details of the fee can be found at the end of this form.

#### ADMINISTRATOR'S DETAILS

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

#### FUND NAME

Please indicate if you would like the account name to be

The same as the organisation name specified in Section 1

Different from your organisation name – please specify

Do you intend to deposit funds into your Staff Charity Fund

monthly or more frequently

annually

a few times a year

less than once a year

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## SECTION 6

### ADDING STANDARD MATCHING

This is an optional feature of GAYE, you only need to complete this if you wish to match Employee Donations or make amendments to an existing Standard Matching scheme.

Matching payroll giving is a great way to engage employees in the scheme and show them you care.

Please indicate the levels you would like to match below. That level and any limits will be applied across all participating employees.

Match Employee GAYE Donations at \_\_\_\_\_ %

Match Staff Charity Fund at \_\_\_\_\_ %

Please indicate if you would like to set upper or lower limits on Standard Matching by completing the appropriate section below. Please note these will be applied per pay period. Both maximum and minimum limits can be combined, e.g.: per pay period, donations can be matched at 100%, up to £100, per employee.

Maximum match per employee per pay period \_\_\_\_\_ £

Minimum Employee Donation that you will match per Employee per pay period £

No Standard Matching limits

#### Funding your Standard Matching

Please indicate how you wish to pay your matching funds:

We will send Standard Matching funds with the Give As You Earn Employee Donations each pay period

We would like Standard Matching funds to be taken from an existing CAF Company Account.

Please specify account number



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## SECTION 7

# CHANGING HOW YOU PAY YOUR CHARGES

CAF is a charity and charges to manage the scheme. Details of these charges 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 you quarterly.

Please choose which of the below 3 options you want to switch to:

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 us to invoice you, 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

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## SECTION 8

# AUTHORISATION

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

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

If it is signed by someone other than the authorised signatory specified above, please enclose evidence of their authority to sign on behalf of your organisation. This could be a copy board resolution or an extract from your signing authorities or an email from a director.

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 and 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 before sending this completed form to us
- the individuals detailed in the Users section of this form are authorised to act as Users - their responsibilities are detailed in Section 2
- 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

Authorised signatory

Date dd/mm/yyyy

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## 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. I DO NOT want to receive this information by (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.

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## NEXT STEPS

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

Incorrectly signed forms will be rejected.

You will receive an email confirmation once your scheme has been updated.

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## FOR MORE INFORMATION

**T** +44 (0)3000 123 000  
**E** [giveasyouearn@cafonline.org](mailto:giveasyouearn@cafonline.org)  
**W** [cafonline.org](http://cafonline.org)

Telephone lines are open Monday to Friday, 9am to 5pm (excluding UK bank holidays).

Registered charity number 268369