

PAYROLL GIVING CONTRACT

This Contract is between Giveall2Charity, a company Limited by Guarantee in England No: 7075425, (the 'Approved Agency') and

Employer's Name: (the 'Agent')

Type of entity: Tick as appropriate: Company Partnership Other

Registration Number:

Employer's Address:

Post Code:

Telephone: Email:

1. From today / / 202 , the **Agent** will operate the Giveall Payroll Scheme under the Taxes Act 1988 Section 202 and the Charitable Deductions (Approved Schemes) Regulations 2211 of 1986 (as amended) as an **Agent** to the **Approved Agency**.

2. The **Approved Agency** and the **Agent** agree:

- a. The Scheme will be operated in accordance with the Scheme Definition which is appended to this contract and which forms an integral part of this contract.
- b. That there will be **NO** administration charge paid by the **Agent** to the **Approved Agency**.
- c. This contract will run initially for a period of one calendar year and will continue thereafter unless terminated:
 - i. By the Approved Agency giving at least three (3) months' notice of termination.
 - ii. By the Approved Agency giving notice of immediate termination if the Agent at any time fails to give effect to the Scheme.
 - iii. By the Scheme ceasing to be an approved scheme.
 - iv. By the Agent, notwithstanding the above, on giving twenty-four (24) hours' notice of termination, or
 - v. The Approved Agency ceasing to be a registered agency.
- d. The **Agent** will make remittances by BACS and confirm electronically, the periodic listings of employees' Payroll Giving deductions as defined by the Approved Agent.

If you are unable to use BACS, please contact us to arrange another payment method.

e. That the **Agent** will appoint a Scheme Administrator to liaise with the **Approved Agency**:

Contact Name: Position:
Telephone: Email Address:

The **Agent's** payroll details are as follows:

Frequency: Quarterly Monthly 4-Weekly Weekly (please tick **one** option

Accounts Office Ref No.: Office No: **P** Unique No:

Number of employees (including Directors) on the payroll?

3. The **Agent** will “match” employees’ Payroll Giving deductions, in whole or in part, on the following basis:
 Please state the basis for your “matching” contributions, e g, 100% or 50% of each donation up to a maximum of **£ XXX.XX amount**, or enter “**Not Applicable**”:

100% 50% Other %

Limit on matching, if any: No limit Limit

4. The **Agent’s** payroll is processed by the (please tick **one** of the following options):

- a. The **Agent**.
- b. Another organization, e g, payroll bureau (please specify below):

Company/Bureau Name:

Company/Bureau Address:

Post Code:

Contact Name: Position:

Telephone: Email Address:

Do you accept the terms and conditions? Yes No

Do you wish your name to remain anonymous? Yes No

Signed on behalf of Giveall2Charity

Signed:
Position:
Print Name:
Date:

Signed by, or on behalf of, the Agent

Signed:
Position:
Print Name:
Date:

Keeping you informed. Our Data Protection statement.

We would like to tell you by letter, phone or email about additional products and benefits from the Giveall2Charity group that we believe will be of interest to you. If you would prefer not to be contacted, please tick the appropriate boxes. Please note that ticking a box means that we will not be able to tell you about these additional benefits.

Giveall2Charity and the companies in which it has a majority stake (the 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.

- I do not wish to receive details of:
- Other products and services from the Giveall2Charity group.
 - Forthcoming events from the Giveall2Charity group.

Alternatively, write to: The Data Protection Officer, Giveall2Charity, c/o the [Registered Address](#), giving your details and instructions.