



Every Penny Helps

CONTRACT

1 This Contract is between Charitable Giving (the "**Agency**") and

Company Name:			(the " Agent ")
Company Address			
		Post Code:	

2 It is agreed that the **Agent** will operate the **Every Penny Helps** scheme (the "**Scheme**") from ___/___/___ and

- (a) Deduct and hold the pence withheld from the employees' net pay pursuant to the rules of the Scheme on the Agency's behalf
- (b) Pay over to the Agency sums withheld from employees pursuant to the Scheme within 14 days of the end of the Income Tax month to the Charitable Giving – Collect bank account (detailed below) accompanied by a list of contributing employees and their deductions
- (c) Obtain from subscribing employees' authorities and instructions for the deductions via the Gift Aid Declaration overleaf

3 It is agreed that the **Agency** will:

- (a) Provide such information, documentation, and instructions in order that the **Agent** may comply with their responsibilities under the **Scheme**
- (b) On behalf of the **Agent**, open and hold all monies in a designated **Corporate Options Account** (application to be completed below) and maintain a record of debits and credits to such
- (c) Make an administration charge of 4% of all monies contributed by employees before distribution to charities, to be:
 - Deducted out of employees' contributions
 - Paid by the employer
 (please tick **one** option)
- (d) Reclaim the Gift Aid on employees' contributions and credit such to the designated Corporate Options Account for the **Agent**
- (e) Provide a Statement of all debits and credits to the designated Corporate Options Account for the **Agent**, either physically or electronically
- (f) Distribute funds periodically to nominated charities as instructed by the Agent via e-Voucher using the on-line management facility

4 This Contract may be terminated by either party by giving three months notice delivered to the registered office of the company or last recorded address of the **Agent** but not withstanding the aforementioned notice the **Agency** may give one months notice to terminate the Contract in the event of significant failure by the **Agent** to give effect to the scheme

CORPORATE OPTIONS ACCOUNT APPLICATION

NAME: The account is to be known in the name of: _____

TRANSACTIONS: Deposits to this account, i.e., credits, by cheque or electronic transfer, e.g., BACS, will be made to:

Lloyds TSB, Sort Code: 30-98-46, Account No: 01107326, Account Name: Charitable Giving – Collect

MANAGERS: The account will be managed by either or both of the following persons:

1: Title:	First Name:	Surname:		
Tel:	eMail:	Password:		
2: Title:	First Name:	Surname:		
Tel:	eMail:	Password:		

The provision of email addresses and passwords will ensure automatic registration for on-line access so that the account can be managed via www.charitablegiving.co.uk. Each password must be at least 8 characters long (alphabetic only) and contain at least one number

Signed on behalf of Charitable Giving		Signed by, or on behalf of, the Agent	
Signature:		Signature:	
Position:		Print Name & Position:	
Date:		Date:	

On completion, please return to: **Charitable Giving, Union Mine Road, Pitts Cleave, Tavistock PL19 0PW**

Every Penny Helps is a scheme administered by Charitable Giving (Registered Charity No 1128013 Company Registration No 6754603) to enable subscribing employees to donate the pence from their net pay via Gift Aid to charities nominated by their employer. Details provided on this form are protected by the Data Protection Act.

