



Corporate Options Account: Application

Please provide the following details:

COMPANY

Company Name:

Company Address:

 Post Code:

NAME

The account is to be known in the name of:

The main purpose of the account is for:
(please tick as appropriate)

- Funds for covering administration fees
- Funds for matching employees' donations
- Collecting employees' Payroll Giving deductions
- Collecting funds raised by employees out of post-tax income
- Other (please specify):

TRANSACTIONS

We agree to make deposits, i.e. by counter credit, cheque, or electronic transfer (e.g. BACS) to the following bank account, accompanied by an appropriate remittance advice:

Account Name: Charitable Giving – Collect Account (Contact us for account details)

We authorise Charitable Giving to make regular disbursements of funds as agreed or as per our specific instructions via eVoucher for the stated administration charge per transaction prevailing at the time.

MANAGERS

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

1. Title: First Name: Surname:
Tel: Email:
2. Title: First Name: Surname:
Tel: Email:

Signed on behalf of Charitable Giving

Signature:

Position:

Date:

Signed on behalf of the company

Signature:

Print Name and
Position:

Date:

On completion, please return to:

Charitable Giving, Union Mine Road, Pitts Cleave, Tavistock, Devon, PL19 0NS

