



Every Penny Helps

CONTRACT

- This contract is between Charitable Giving (the “**Agency**”) and
 Company Name: (the “**Agent**”)

 Company Address:

 Post Code:
- It is agreed that the **Agent** will operate the **Every Penny Helps** scheme (the “**Scheme**”) from ___/___/___ and
 - Deduct and hold the pence withheld from the employees’ net pay pursuant to the rules of the Scheme on the Agency’s behalf
 - 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
 - Obtain from subscribing employees’ authorities and instructions for the deductions via the Gift Aid Declaration overleaf
- It is agreed that the **Agency** will:
 - Provide such information, documentation, and instructions in order that the **Agent** may comply with their responsibilities under the **Scheme**
 - 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
 - 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)
 - Reclaim the Gift Aid on employees’ contributions and credit such to the designated Corporate Options Account for the **Agent**
 - Provide a Statement of all debits and credits to the designated Corporate Options Account for the **Agent**, either physically or electronically
 - Distribute funds **annually** to the nominated charity or charities for which a charge of £2.50 will be made
- 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 month’s 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:

Bank details will be supplied on receipt of completed application form

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

- Title: First Name: Surname:

 Tel: Email:
- 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**

