

Employer Details Form

Bolton



This form is to be completed by the legal employer – this may be the individual with care and support needs or a suitable person. Please refer to your signed Direct Payments Agreement with your Council or Clinical Commissioning Group. If you are unsure or ask your local Direct Payment Support Service.

Have you ever employed staff before or used another payroll service? Yes No

If yes, please provide your PAYE reference number and ACCOUNT OFFICE reference number (supplied by HMRC) below. We require this to transfer your information to our service.

Name of previous payroll provider:

PAYE Reference:

ACCOUNTS OFFICE Reference:

Have you opted for a prepayment card Yes No

Have you opted to use a Supported Banking Service Yes

If yes, please select your provider from one of the following:

- Disability Positive
- Other _____

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Employer and Service User Details

Title of Employer: _____

Name of Employer: _____

Employer's NI number: _____

Employer's Address: _____

Post Code: _____

IMPORTANT INFORMATION: EMAIL ADDRESS IS REQUIRED TO SEND PAYSLIPS

Email address: _____

Phone No: _____

Mobile: _____

Name of Service User: _____

Service User's Date of Birth: _____

Pay Frequency:

- | | |
|--|--|
| <ul style="list-style-type: none">• 4-Weekly (13 pay periods per year) | |
|--|--|

Declaration

I declare that the information given above is true and accurate:

Signed _____

Date: ____/____/____

Print Name: _____