

# Employer Details Form

## Lancashire



**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

Have you opted to use a Supported Banking Service Yes

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

- Disability Positive
- DENW
- West Lancs Peer Support
- Salvere
- Other \_\_\_\_\_

### Employer and Service User Details

# Employer Details Form

## Lancashire



Title of Employer: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_  
Employer's NI number: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone No: \_\_\_\_\_

Mobile: \_\_\_\_\_

Name of Service User: \_\_\_\_\_

Service User's Date of Birth: \_\_\_\_\_

### Pay Frequency:

<input type="radio"/> Calendar Monthly (12 pay periods per year)	
<input type="radio"/> 4-Weekly (13 pay periods per year)	

### Declaration

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

Signed \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_