



**Voluntary  
Action  
Rotherham**

**PAYROLL SERVICE**  
***Employer's Information***

**NAME OF GROUP:** .....

Group Address: .....

Post code: ..... Group Tel: .....

Contact e-mail: .....

Payroll contact person: .....

Contact Tel No: ..... Mobile No: .....

Registered Charity Number: ..... Auto-enrolment Staging Date: .....

**NAME & ADDRESS OF PERSON TO RECEIVE PAYROLL INFORMATION (if different to above)**

Name: ..... Tel No: .....

Postal address to send payroll pack: .....

Email to send payroll info: .....

Password to Protect Payroll Reports: .....

***If you leave this blank we will create one for your group unless we have one on file currently.***

**HMRC INFORMATION**

**PAYE Reference number (eg.123/HZ1234):** .....

**Accounts Office Reference (eg.123PZ00123123):** .....

**PAY DATE:**

To comply with HMRC regulations please confirm the **pay date:** .....

And the work period this date covers: .....  
**(e.g. paid on 31<sup>st</sup> for 1<sup>st</sup>-31<sup>st</sup> of that month)**

Please also confirm the pay frequency **(weekly/monthly):** .....

**AUTHORISED SIGNATORIES**

***The following people are hereby authorised to sign the relevant forms with regard to the Voluntary Action Rotherham payroll service and discuss payroll information:***

<b><u>Name</u></b>	<b><u>Position</u></b>	<b><u>Telephone No.</u></b>	<b><u>Specimen Signature</u></b>
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

If any of the authorised persons are paid members of staff please confirm whether it is acceptable for them to action changes to their own salary: \_\_\_\_\_ **YES/NO**

**AUTHORISATION**

This form should be signed by the chair and treasurer to authorise the information provided to payroll.

*If the organisation does not have a Chairperson or Treasurer, this form should be signed by two of those who bear final responsibility for the group's activities.*

**Chairperson:**

**SIGNED:** ..... **PRINT:** .....

**DATE:** .....

**Treasurer:**

**SIGNED:** ..... **PRINT:** .....

**DATE:** .....

**This form will be kept on your payroll file as a point of reference for your group details. It is your responsibility to notify us if any of the information on this form changes so that we can update our records for your group.**