YOUR COMMUNITY BANK

Salary Savings Scheme
New Partner Form

Before rolling this scheme out to your employees you must first register as a new partner by completing this form. Should you have any questions whilst completing this form, please email us at: info@yourcb.org.uk or call us on: 020 3468 8568 and we will be more than happy to assist you.

Company Information	
Company Name	
Registered Company Address *(including postcode)*	
HR Manager Contact Name	
Phone Number	
Email Address	
Payroll Manager Contact Name	
Phone Number	
Email Address	

Payroll Information	
Employee Pay Date	
Cut-off Date for Payroll Changes	
Payroll Frequency *(for e.g. Fortnightly, Monthly)*	
Transfer Date *(ideally within 5 working days of the Employee Pay Date)*	

Payroll Manager Signature: _____ Print Name: _____

Date: _____