



Payroll Service Agreement

I would like to use the PRO Disability Payroll Service, as detailed in the Payroll Service Level document.

I agree to pay the appropriate set up fee.

I agree to pay the appropriate fee per payroll run, plus the appropriate amount for each payslip.

(If you have a Direct Payment Holding Account with Pro Disability, the Payroll Service Fees will be paid monthly from this account. If you hold your own Direct Payment Account, you will need to pay Pro Disability monthly by Standing Order, Bank Transfer or cheque.)

I understand the payroll fee will be payable for each payroll run unless I give notice to cancel the service in advance of the next scheduled payroll date.

I would like my employee(s) to be paid:

Weekly Fortnightly Four Weekly Monthly

I would like my employee(s) to be paid a salary each payroll run, based on their contracted hours and their hourly rate of pay. I will ensure that Pro Disability have details of any additions or deductions to be made to their salary at least 5 working days before their salary is due to be paid.

I will advise Pro Disability each pay period of the payments due to my employee(s), detailing the total hours work and the rate of pay applicable to the number of hours. I will ensure that Pro Disability have the details of the payments due at least 5 working days before their salary is due to be paid.

*Please tick the appropriate box.

Please enter your details below and sign to confirm you have read and understood the services as detailed in the Service Level Document.

Name			
Address			
Postcode		Tel. Home	
Tel. Work		Tel. Mobile	
Email			
Signed		Dated	