Employer's Payment Schedule (to be used in conjunction with a S615(6) trust)

This schedule must be received 10 business days before the scheduled Direct Debit date.

Employer Name			
Contact		Telephone Number	
Fax Number		Email Address	

Please complete the table below for Regular Investments you are making with Novia on behalf of any of your employees.

This schedule is to take effect for the collection to be made in MM/YYYYY

Payroll ID	Trust Name	Novia Investor number	Investment £	Please indicate if this is an amendment Y/N?
		Total		

Authorised signatory

Date DD/MM/YYYY

Signatory name (please print)

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