

CANDIDATE PAYMENT METHOD

I, _____ (Please include your full name)

confirm that my chosen payment method is the below:

Please select one of the following payment options and complete the details as required

1. UMBRELLA COMPANY

Pay Stream Max	ICS Umbrella	Crest Plus Operations Ltd
Danbro Workforce Solutions	My Pay	
JSA Services Ltd	Orange Genie	
Giant Professional	UmbrellaCo UK Limited	

Other*. Please provide Umbrella Company Name: _____

*Subject to approval by ICG Medical prior to payment method being approved.

Umbrella companies are required to comply with IR35 guidelines. Please check with your consultant if your chosen Umbrella company meets these requirements.

Please confirm that you:

Agree to the terms and conditions of the above selected umbrella company

Understand that registration with my chosen Umbrella Company is my responsibility and that a delay in registration may delay payment

Consent to ICG sharing your personal details with your chosen Umbrella Company for the purpose of payment for work completed

2. PAYE

Please provide your bank details

Payee Name (as it appears on your account): _____

Account number: _____

Sort code: _____ - _____ - _____

Signature

Date