

Nikki's Christian Academy

Empowering Young Minds.....Strengthening Families.....



NIKKI'S CHRISTIAN ACADEMY

As of January 2025

14900 Cloverdale Road • Woodbridge, Virginia • 22193

Telephone (703) 897-6232/6233 • Fax (703) 897-6234

Email: nikkischristiandaycare@gmail.com • Website: nikkischristianlearningcenter.org

1559 Old Bridge Road • Woodbridge, Virginia • 22193

Telephone (571) 427- 2053 • Fax (571) 427-2054

Email: nclcpamsplace@gmail.com • Website: nikkischristianlearningcenter.org

Name: Last, First, Mi _____

Employee Number: SSN _____

Street Address: _____

Email Address: _____

DOB: _____ Hourly Wage: _____ Date of Hire: _____

Account Number: _____

Routing Number: _____

I authorize my employer to deposit my net pay each payday directly to my account as indicated. I am responsible for ensuring the accuracy of the account information provided on this form and I agree to notify my employer immediately of any changes to the information. I understand that the net amount of each payment I receive from Nikki's Christian Academy must be deposited to the same account. I understand that in the event my employer notifies my financial institution that I am not entitled to the funds deposited to my account, my bank is authorized to debit my account for the amount of the adjustment. I understand that in the event my financial institution is not able to deposit any electronic transfer into my account due to any action I take; that I am responsible for any resulting bank fees incurred, and that my employer cannot issue the payroll funds to me until the funds are returned to my employer by my financial institution.

Please note that, due to timing differences, new or changed direct deposit may result in one paper check after this form has been submitted. Please do not close you account without giving your payroll office two weeks prior notice.

Employee Signature Date

Director Signature Date