

## **DIRECT DEPOSIT AUTHORIZATION**

DATE				
NAME				
Please verify with your emplo	yer which of the follow	ving options a	are available:	
☐ My entire check	☐ Dollar Amount	\$		
SOLIDARITY COMMUNIT PO Box 2499-201 Southway			99	
Routing # 274974726	Account #		Checking	
			☐ Savings	

**EMP** Initials