



**DIRECT DEPOSIT AUTHORIZATION**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME

Please verify with your employer which of the following options are available:

My entire check       Dollar Amount    \$ \_\_\_\_\_

**SOLIDARITY COMMUNITY FEDERAL CREDIT UNION**  
**PO Box 2499-201 Southway Blvd East, Kokomo, IN. 46904-2499**

**Routing # 274974726**

**Account #**

**Please Do Not Use  
Member Number**

Checking

Savings