

Return form to:  
 Dakotas Conference Finance Office  
 PO Box 460  
 Mitchell, SD 57301-0460



Please debit my donation from my (check one)

Savings Account (contact financial institution for routing #)  Checking Account (attach voided check below)

Amount of Monthly Donation: \$ \_\_\_\_\_

Unrestricted  Solar Ovens  
 Office Assistant

74894934

Routing  
number

6793868122

Account  
number

0101

Check  
number

I authorize the above organization to process debit entries to my account in the amount show above on the 15<sup>th</sup> of each month. I understand that the authority will remain in effect until I provide reasonable notification to terminate the authorization by contact with the Finance Office at 605-996-6552

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

## Authorization form for gifts to: Solar Oven Partners

If using a checking account, please return with voided check

First Name:

Title/Pronoun:

Last Name:

Address:

City/State/Zip:

Home Phone:

Cell Phone:

Email: