

Holy Trinity Serbian Orthodox Cathedral
450 Maxwell Drive
Pittsburgh PA 15236



Electronic Payment Authorization

Last Name _____ First Name _____ Phone _____
Address _____
City, State, Zip code _____ Email address _____

DUES:

I authorize the Holy Trinity Serbian Orthodox Cathedral to automatically debit from my bank account as my dues payment:

Regular Membership

- Annual \$200
- Semi-annual \$100
- Quarterly \$50

Widow/Spouse Membership

- Annual \$120
 - Semi-annual \$60
 - Quarterly \$30
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TASA:

I authorize the Holy Trinity Serbian Orthodox Cathedral to automatically debit from my bank account as my TASA/collection donation: *(Please choose one option and circle one amount.)*

Monthly \$30 \$50 \$75 \$100 \$150 Other \$ _____

Weekly \$5 \$10 \$15 \$20 \$25 Other \$ _____

I would like my withdrawal to occur on the ___th of the month (allow \pm 3 days), with the exception of weekly debits that will occur approximately every Tuesday, and to be effective on _____ (date).

Please attach a voided check to this form for proper set up of your account.

The name above must appear on the check you provide.

Your signature: _____ Date: _____

Please return this form to the church office. If you have any questions,
contact Dane Topich at dane.topich@verizon.net or call 412-364-3442.