



# Easton Suburban Water Authority

## AutoPay Cancellation

For ESWA Use Only:
Acct# _____
Date Rec'd _____
Date Entered _____
By: _____

Complete the form below and mail it to our office at:

Easton Suburban Water Authority  
Attention: AutoPay  
P.O. Box 3819  
Easton, PA 18043-3819

If you prefer, you may drop it off at our office, but be sure to enclose it in a sealed envelope and mark "AutoPay" on the front.

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### Customer Information

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Easton Suburban Water Authority Account Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_, PA Zip \_\_\_\_\_

Township / Borough \_\_\_\_\_

Please cancel the AutoPay Program for the Easton Suburban Water Authority water account listed. I understand that a payment may already be in process and may still be deducted from this account.

Signature \_\_\_\_\_

Date \_\_\_\_\_