



BRUNSWICK & TOPSHAM  
WATER DISTRICT

### Termination of Pre-authorized Payment Form

Name on Bill:
Account Number:
Phone Number:

Service Address:
Town:
State:

Mailing Address:
Town:
State:

I am requesting the Brunswick & Topsham Water District to discontinue using my bank account to automatically deduct my water bills.

Signature \_\_\_\_\_ Date \_\_\_\_\_