AutoPay

DIRECT DEBIT CANCELLATION REQUEST

(Please print using black ink)

_____ |__|__|__| - |__|__|__| - |__|__|__|__| |__|__|__| - |__|__|__| - |__|__|__|__|

Your Name (as shown on your bank records) Home Phone No. Work Phone No.

_____ _____ |__|__| |__|__|__|__|__|

Home Address: Street Apt. # City ST Zip

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| _____

MLGW Account Number (as shown on bill) Name on MLGW account (if different from above)

_____ |__|__|__|__|__|__|__|__|__| _____

BANK NAME ROUTING NO. ACCOUNT NO.

I hereby request Memphis Light, Gas and Water cancel my auto pay arrangement for the MLGW account and bank account listed above.
I understand that by submitting this request, once processed by MLGW, payments will no longer be automatically debited to my bank account and my MLGW account will not be paid automatically.

SIGNED _____ DATE _____

***** Signature of bank account owner required *****

Mail to:

MLGW
Cashiering Operations
P.O. Box 388
Memphis, TN. 38145-0388