

AutoPay

DIRECT DEBIT CANCELLATION REQUEST (Please print using black ink)

		J- _	_ _ _ -	
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	ROUTIN	G NO.	ACCOUNT NO	
I hereby request Memphis Light, Gas and Water can I understand that by submitting this request, once promy MLGW account will not be paid automatically.	rocessed by MLGW, payme			
SIGNED*** Signature of bank acco	ount owner required ***	DAT	E	
Mail to:				

MLGW Payments and Banking P.O. Box 388 Memphis, TN. 38145-0388