

AutoPay

DIRECT DEBIT CHANGE 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)
Current Banking Information		
BANK NAME	ROUTING NO.	ACCOUNT NO.
New Banking Information		
	_ _ _ _ _ _	
BANK NAME	ROUTING NO.	ACCOUNT NO.
. This authorization is to remain in full notification from me of its termination reasonable opportunity to act on it.		Gas & Water has received written afford Memphis Light Gas & Water a
I hereby authorize Memphis Light Gas and adjustments for any debit entries in and the bank named on this form to de	n error to my [] CHECKING [] SA	VINGS account indicated on this form
SIGNED *** Signature of bank acco	DA'	TE
Mail to:		
MLGW Payments and Banking P.O. Box 388 Memphis, TN. 38145-0388		

*** Attach VOIDED checking or savings document for new account here ***

If you need to change your banking information you will need to notify MLGW first by calling our Payments and Banking area at 528-4643. Complete this form, sign and attach a voided check or savings document verifying the new account number. Return to the address listed on this form. In order to protect you, account number changes cannot be taken over the telephone.