



P.O. Box 1196  
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# ACH DEBIT DISCONTINUE FORM

\_\_\_\_\_  
\* MCWS Account Name(s) \_\_\_\_\_  
\* MCWS Account Number

\_\_\_\_\_  
\* MCWS Service Address \_\_\_\_\_  
\* City \* State \* Zip

\_\_\_\_\_  
\* Financial Institution \_\_\_\_\_  
\* Financial Institution Account Holder

\_\_\_\_\_  
\* Account Number \_\_\_\_\_  
\* Account Type Checking Savings

Cancel Current ACH Debit Authorization  Cancel Current ACH Debit Authorization & Set Up New

\_\_\_\_\_  
\* Print or Type Individual Name \_\_\_\_\_  
\* Phone

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

Note: If you are choosing the "Cancel Current ACH Debit Authorization & Set Up New" option, you will need to submit this form to cancel the current ACH Debit Authorization and attach a new completed ACH Debit Authorization Form with your new ACH Account Information.

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FOR OFFICE USE ONLY  
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Office Notes: \_\_\_\_\_

\_\_\_\_\_  
*Location Number* *Date Completed* *Completed By (Initials)*