



765 New Lewisburg Hwy
 P.O. Box 1196
 Columbia, TN 38401

www.mymcws.com
 customerservice@mymcws.com

Customer Discontinue Form

Customer Name: _____ Account Number: _____

Service Address: _____

City/State/Zip: _____

Owner: _____ Renter: _____ Reactivate Landlord: Yes _____ No _____

Comments: _____

Date To Discontinue: _____ ACH Draft: Yes _____ No _____

Forwarding Address: _____

Updated Phone Number: _____

Customer Signature: _____ Date: _____

FOR OFFICE USE ONLY

	UPDATED INFORMATION		YES	NO
CID Number		Service Order		
Location Number		Updated Address		
Landlord Name (if applicable)		Updated Phone		
Date Customer Called		Canceled ACH Draft		

_____ Office Representative

_____ Date