



765 New Lewisburg Highway
 P.O. Box 1196
 Columbia, TN 38402

www.mymcws.com
 customerservice@mymcws.com

CUSTOMER DISCONTINUE FORM

 * MCWS Account Name(s)

 * MCWS Account Number

 * MCWS Service Address

 * City

 * State

 * Zip

Owner:

Renter:

Reactivate Landlord: YES

NO

ACH Draft: YES

NO

Comments: _____

 * Date to Discontinue

 * Updated Phone Number

 * Forwarding Address

 * City

 * State

 * Zip

 * Customer Signature

 * Date

 OFFICE USE ONLY

		YES	NO
CID Number			
Location Number			
Landlord Name (if applicable)			
Date Customer Called			

 * MCWS Representative Signature

 * Date