

# Ameren Business Direct Pay Enrollment or Change Form

Print and complete this form then mail or fax it to Ameren:

Ameren Treasury Technology Services  
2105 East State, Route 104, PWN 1020  
Pawnee, IL 62558  
Fax: 800.521.2371

**\* Indicates a required field.**

\*Please indicate if you are a new Direct Pay enrollee or if you need to make changes to your existing data.

New  Change

\*Account Number

\_\_\_\_\_

Ex: 1234567890

\*Company

- AmerenCILCO
- AmerenCIPS
- AmerenIP
- AmerenUE

\*Business Name

\_\_\_\_\_

## Authorized by

\*Last Name

\_\_\_\_\_

\*First Name

\_\_\_\_\_

Middle Initial

\_\_\_\_\_

\*Service Address Line 1

\_\_\_\_\_

Service Address Line 2

\*City

\_\_\_\_\_

\*State

\_\_\_\_\_

\*ZIP Code

\_\_\_\_\_

\*Business Phone

\_\_\_\_\_

Alternate Phone

\_\_\_\_\_

eMail Address

\_\_\_\_\_

## Financial Account Information

\*Financial Institution Name:

\_\_\_\_\_

\*Financial Routing Number:

\_\_\_\_\_

\*Financial Account Number:

\_\_\_\_\_

\*Financial Account Type:

Checking  Savings

