



Account Agent Designation Statement

This statement will confirm that effective _____ (Date), _____ (Customer) has entered into an agreement with and has designated _____ (Agent) as his/her/its Agent for the purpose of arranging and making all decisions regarding service on his/her/its behalf regarding service for the Ameren Account Number(s) listed below. Ameren will assume this Customer-Agent relationship will remain in force until a Termination of Account Agent Designation Statement is received revoking the designation of this Agent to act on the Customer's behalf.

The Agent is authorized to make decisions regarding the account(s) noted below. Ameren may rely on any representation made by Agent regarding this account(s) and need not question the authority of the Agent to act on the Customer's behalf. Ameren shall not be liable for any action taken in response to a representation made by Agent. Customer shall be solely liable for any action taken by his/her/its Agent on the Customer's behalf, including any action taken by the Company at the Agent's request.

Customer Name (please print): _____

Customer Signature: _____

Date: _____

Customer Contact Information

Address: _____

Phone: _____
Fax: _____
Email _____
Address: _____

Agent Contact Information

Address: _____

Phone: _____
Fax: _____
Email _____
Address: _____

Upon the effective date of this Account Agent Designation Statement, the bill produced by Ameren for the account number(s) listed below should be sent to (please choose one):

Customer

Agent (please specify mailing information below)

Name: _____

Attention: _____

Address: _____

This Account Agent Designation Statement will apply to the account number(s) listed below. Please attach an additional page if necessary:

Account Number	Account Number

Fax this completed form to:

AmerenCILCO: 877-263-7369
AmerenCIPS: 877-263-7369
AmerenIP: 217-424-6630
AmerenUE: 866-222-3471