



Termination of Account Agent Designation Statement

This statement will confirm that effective _____ (Date)
_____ (Customer) revokes the designation of
_____ (Agent) as his/her/its Agent for the Ameren account
numbers listed below.

Customer Name (please print): _____

Customer Signature: _____

Date: _____

Agent Name: _____

Agent Address: _____

Upon the effective date of this Termination of Account Agent Designation Statement, the bill produced by Ameren for each of the accounts listed below should be sent to the following:

Name: _____

Address: _____

This Termination of Account Agent Designation Statement will apply to the account numbers 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