

AUTOMATIC CASH INVESTMENT – DIRECT DEBIT AUTHORIZATION

Complete all fields, then print and sign the form.

Mail your completed form and account document to:

Ameren Services • Investor Services • P.O. Box 66887 • St. Louis, MO 63166-6887

**AMEREN DRPlus STOCKHOLDER
ACCOUNT INFORMATION**

Name on Account:

Address:

City:

State:

ZIP:

DRPlus Account Number:

Taxpayer Identification Number
(SSN or Employer Identification Number):

Daytime Phone Number (with area code):

**DIRECT DEPOSIT FINANCIAL INSTITUTION
INFORMATION [Your financial institution must
be a member of the Automated Clearing House
(ACH) Network.]**

Name of Financial Institution:

Address of Financial Institution:

City:

State:

ZIP:

Phone Number of Financial Institution:

Bank Transit Routing Number (If unknown, contact
your financial institution.)

Account Type* (Check one):

Personal Checking

Personal Savings

* **MUST BE A PERSONAL ACCOUNT.** If you are using a
checking account, you must provide a voided check.

Name(s) on Bank Account:

Bank Account Number:

Monthly Cash Investment (\$25 minimum):

\$ _____ .00

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I (we) authorize Ameren to initiate withdrawals against my (our) account at the financial institution stated herein, by electronic funds transfer and to apply those funds to the Dividend Reinvestment and Stock Purchase Plan DRPlus account specified herein, for the purchase of Ameren common stock. I (we) also authorize Ameren to initiate corrections to any amounts transferred in error and I (we) waive any claim, without limitation, against Ameren or my (our) financial institution with the respect to the operation of this service.

This authorization will remain in effect until I (we) give written notice to terminate or revise it. I (we) understand that both Ameren and my financial institution reserve the right to terminate this service or my participation therein.

I (we) understand that I (we) am responsible for notifying Ameren of change in financial institution information by providing Ameren with a new Direct Debit Authorization form revising these instructions. I (we) will allow Ameren a reasonable amount of time for initiating, revising, or terminating direct debit.

ALL BANK ACCOUNT HOLDERS MUST SIGN BELOW

Signature of Account Holder:

Date:

Signature of Account Holder:

Daytime Phone Number:
