North American Banking Company	A	ccount Purpose: Consu	mer		
Account Holder Name(s): David L. Meyer or Kathleen Hare		ACCOUNT TYPE ACCOUNT NUMBER Flex Checking 1			
Reporting SSN/TIN:	, , , , , , , , , , , , , , , , , , ,	ate Opened   Date Revis	sed Opened By	Verified By	
Mailing Address: 359 Michigan St, St Paul, MN 55102		06-12-13	MHERRERA	EFunds	
Telephone Number: (651) 210-9827 Work #: (69	51) 210-9827				
Number of Signatures Required: 1 CIF Number:					
OWNERSHIP TYPE Joint (Right of Survivorship)					
Signatures of Authorized I	ndividuals. This Agree	ament is subject to all te	rms below.		
x	l <sub>x</sub>				
David L. Meyer		een Hare			
(Signatures	and printed names of		,		
Agreement. In this agreement, "we" means each and all o Deposit Account Agreement and Disclosure, the Time Certifiee Schedule, the Funds Availability Policy Disclosure, Disclosure, (if applicable), and acknowledge receipt of our time to time. We received one copy of each of those forms:  IN/BACKUP WITHHOLDING  Reporting mportant: Under penalties of perjury, I certify that 1) the per other U.S. person (defined in the instructions), and 3) the subject to backup withholding, because I ame subject to backup withholding.  I am subject to backup withholding.	the Substitute Check privacy policy (if app s. SSN: 'number shown above at (check appropriate lexempt from backup v	confirmation of Time Del Policy Disclosure, the licable). We also agree 	posit Agreement (if Electronic Funds to all of your change identification number that the position is the position of the position is the position of the position is the position in the position in the position is the position in the position is the position in the position in the position is the position in the posi	applicable), the Rate and Transfer Agreement and ges to those forms from er, 2) I am a U.S. citizen	
Signature of Authorized Individual: X		D	ate		
The following information may be used to further identify i	ndividual(s) for telepho	one instructions, large tr	ansactions, or if a si MMN	gnature varies. = Mother's Maiden Name	
· ·	SSN:	-			
Street: 359 Michigan St, St Paul, MN 55102					
Mailing:					
Phone: (H): ( 7 (W): (					
Job:					
	MMN:				
	Exp Date: <b>12-16-2013</b> Exp Date:	•	St: MN St:		
Name: Kathleen Hare	SSN:	-			
Street: 979 Wilson Avenue, St Paul, MN 55106					
Mailing:					
Phone: (H): (W):					
Job:					
DOB: 06-20-1978	MMN:				
ID: Drivers License I	Exp Date: 06-20-2015	Country: USA S	St: MN		
	Exp Date:		St:		