



Dear Prospective PCU Member,

Thank you for your interest in becoming a member of the Permaculture Credit Union. The enclosed forms will enable you to open the account via email, FAX or postal mail. If you have any questions about the process or how to complete and return the forms, please call us at (505)954-3479.

Sincerely,  
PCU Staff

### **Eligibility**

You can become a member of the Credit Union if you meet one of the following criteria:

- Agree with and/or subscribe to the ethics of Permaculture; or,
- Have completed a recognized Permaculture design course; or,
- Are affiliated with a Permaculture Institute.

### **Membership**

To become a member of the PCU you need to open a share account. The minimum dollar amount required to open an account is \$55. This includes \$5 for a one-time membership fee and \$50 to open your share/savings account. The \$50 is your required minimum balance and will be returned to you if you close the account. The share account will accrue interest dividends as long as the balance in the account is \$50 or greater.

### **To Open A Share Account**

Please complete both pages of the enclosed Account Card, including a joint owner if you would like. Include a physical address and a mailing address (if they are different) for each owner. You must also include a beneficiary on the account and be sure to have the form signed by all the owners.

Please provide a clear, legible copy of a valid driver's license (or passport) for each of the owners listed on the account card. A clear copy is one that you copy lightly and fax, scan and email or send via postal mail. We do not accept expired identification.

To fund the new account you can mail us a check or, if you complete and return the enclosed EFT/ACH Authorization, we can transfer the funds from an account you have with another financial institution.

### **Deliver Documents**

**Mail:** Permaculture Credit Union  
P.O. Box 29300  
Santa Fe, NM 87592-9300

**FAX:** (505)424-1624

**Email:** [pcustaff@pcuonline.org](mailto:pcustaff@pcuonline.org)

## ACCOUNT CARD

### MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member/Owner:		Member No:
Street:	SSN/TIN:	
City/State/Zip:	Driver's Lic. No:	
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Date of Birth:	
Work Phone:	Password:	
E-mail:	Membership Eligibility:	
Employer:		

### ACCOUNT OWNERSHIP

Designate the ownership of the accounts and responsibility for the services requested.  
 Individual  Joint Account with Rights of Survivorship  Joint Account without Rights of Survivorship

Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:	E-mail:
Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:	E-mail:
Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:	E-mail:

### ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account  All Accounts  Designate Specific Accounts \_\_\_\_\_

Beneficiary/POD Payee: \_\_\_\_\_ Beneficiary/POD Payee: \_\_\_\_\_  
 Street: \_\_\_\_\_ Street: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

UTMA/UGMA (as custodian for \_\_\_\_\_ (minor) under the Uniform Transfers/Gifts to  
 Minors Act)  
 Minor's SSN/TIN: \_\_\_\_\_

Agency Print Name of Agent: \_\_\_\_\_  
 Signature \_\_\_\_\_ Date: \_\_\_\_\_

All Accounts  Designate Specific Accounts \_\_\_\_\_

Other:  See Account Authorization Card

### ACCOUNT TYPE

All of the terms, conditions, form of account ownership, account selection and other information indicated on this Card apply to all of the accounts listed unless the Credit Union is notified in writing of a change.

<input type="checkbox"/> Share/Savings: _____	Suffix	<input type="checkbox"/> Money Market: _____	Suffix
<input type="checkbox"/> Share Draft/Checking: _____		<input type="checkbox"/> HSA: _____	
<input type="checkbox"/> Share Certificate/Certificate: _____		<input type="checkbox"/> Other: _____	

The account number for each of the accounts listed consists of the suffix added to the end of the Member Number listed in the "MEMBER APPLICATION AND OWNERSHIP INFORMATION" section. If this Card applies to more than one account of the same type, more than one suffix will be listed for that account type.

**ACCOUNT SERVICES**

<input type="checkbox"/> Payroll Deduction/Direct Deposit:	
<input type="checkbox"/> Audio Response:	
<input type="checkbox"/> Overdraft Protection (Indicate transfer priority.):	
<input type="checkbox"/> ATM Card:	<input type="checkbox"/> Debit Card:
<input type="checkbox"/> PC Access/Internet Banking:	
<input type="checkbox"/> Other:	

**TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION**

*Under penalties of perjury, I certify that:*  
 (1) *The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued),*  
 (2) *I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and*  
 (3) *I am a U.S. person (including a U.S. resident alien).*

**Certification Instructions.** Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

**AUTHORIZATION**

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the agreements and disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure. *The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.*

<b>X</b>	<b>X</b>
Signature _____	Signature _____
Date _____	Date _____
<b>X</b>	<b>X</b>
Signature _____	Signature _____
Date _____	Date _____

**FOR CREDIT UNION USE ONLY**       See Account Change Card       See Insurance Beneficiary Card

Date of Membership:	Opened/App'd by:	Member Verification:
<input type="checkbox"/> Credit Report	<input type="checkbox"/> Check Verify	<input type="checkbox"/> PIN Request
<input type="checkbox"/> Access Card	<input type="checkbox"/> Audio Response	<input type="checkbox"/> PC Access/Internet Banking

# PERMACULTURE CREDIT UNION

## Physical Address

4001 Office Court Drive – Suite 708  
Santa Fe, NM 87507

## Mailing Address

PO Box 29300  
Santa Fe, NM 87592-9300

Voice (866) 954-3479 - Fax (505) 424-1624

## ELECTRONIC FUNDS TRANSFER ACH AUTHORIZATION

I (we) hereby authorize the Permaculture Credit Union (herein PCU) to initiate transactions to debit (withdraw funds) and/or credit (deposit funds) in the account shown below. The information provided below can be used to initially fund my PCU share account and/or for future transfers.

I (we) acknowledge that the origination of ACH transactions to my (our) account(s) must comply with the provision of U.S. law.

_____	_____
Financial Institution Name	Legal Name on Account (Must be members own account)
_____	_____
Routing Number	Account Number
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

If an ACH transfer is going to be used to initially fund the PCU share account, please provide the amount of the initial deposit below:

\$ \_\_\_\_\_.

This authorization is to remain in full force and effect until the PCU has received written notification from me (or either of us) of its termination in such time and manner to afford the PCU and the Financial Institution a reasonable opportunity to act on it.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*\*PLEASE ATTACH A VOIDED CHECK COPY TO THIS FORM\*\***