DIRECT DEPOSIT REQUEST FORM

Please Complete this form clearly, print and sign.

Driver's Name	
Osmar Jose Medero Rojas	
O)II (II 3 3 3 5 I I I I I I I I I I I I I I I	
Routing Number	
09100032	
OCIOGO	
Account Number	
355005975872	
Please circle one	
CHECKING	
CHESIMO	
I Authorize Royal and BRZ to automatically deposit my p	aycheck into account
listed above.	
listed above.	
	Date
Driver Signature	Date
(Jun Carolo)	3/25/25
X III	

Florida

TEMPORARY





MEDERO ROJAS

OSMAR JOSE

151 PINTAIL LN APT 105

DAVENPORT, FL 33396-7296

COB 02/21/1978 988EX M

MEXIC 02/26/2028 16HGT 5'-07"

12 REST E 98 END NONE

POONOR

SAFE DRIVER 4a ISS 02/26/2024 500 L842492260035



Operation of a motor vehicle constitutes consent to any sobriety test required by law.

(Rev. October 2018)

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

COLUMN P	ent of the Treasury Revenue Service ▶ Go to www.irs.gov/FormW9 for ir	structions and the latest information.	1	
	Name (as shown on your income tax return). Name is required on this line;	do not leave this line blank.		
	asmir lose medela koias			
- F	Business name/disregarded entity name, if different from above			
page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):	
. son	Individual/sole proprietor or C Corporation S Corporation Single-member LLC	OH Partificially	Exempt payee code (if any)	
Print or type. Specific Instructions on page	Limited liability company. Enter the tax classification (C=C corporation Note: Check the appropriate box in the line above for the tax classification of the LLC is classified as a single-member LLC that is disregarded another LLC that is not disregarded from the owner for U.S. federal tax is disregarded from the owner should check the appropriate box for the	tion of the single-member owner. Do not check from the owner unless the owner of the LLC is a ourcoses. Otherwise, a single-member LLC that		
#			(Applies to accounts maintained outside the U.S.)	
bec	Other (see instructions) ► 5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name	and address (optional)	
9	ISI PINICILLO ANT INS			
See	6 City, state, and ZIP code			
	Davenov4 F 333910			
	7 List account number(s) here (optional)			
	/ List account (united by the country)			
	Taxpayer Identification Number (TIN)			
Par	your TIN in the appropriate box. The TIN provided must match the	name given on line 1 to avoid Social se	curity number	
Line and Carl		iluitibei (coit).		
		ioi Fait i, later, 1 of outer	3 - 13 - 30 30	
entitie	es, it is your employer identification number (EIN). If you do not have	e a number, see now to get a v		
		r identification number		
INLIFFIL	Del. 19 Give the veddester to adversing a contract		-	
Par	r II Certification			
Lindo	as penalties of perium I certify that:			
1. Th 2. I a Se no	te number shown on this form is my correct taxpayer identification number shown on this form is my correct taxpayer identification numbers and subject to backup withholding as a result of a folloger subject to backup withholding as a result of a folloger subject to backup withholding; and	number (or I am waiting for a number to be is n backup withholding, or (b) I have not bean allure to report all interest or dividends, or (c	ssued to me); and notified by the Internal Revenue c) the IRS has notified me that I am	
3. la	m a U.S. citizen or other U.S. person (defined below); and			
4. Th	ne FATCA code(s) entered on this form (if any) indicating that I am ex	kempt from FATCA reporting is correct.		
you h	ification instructions. You must cross out Item 2 above if you have behave failed to report all interest and dividends on your tax return. For revisition or abandonment of secured property, cancellation of debt, contribution interest and dividends, you are not required to sign the certification.	di estate il anocciono, individual ratirement arranneme	ent (IRA), and generally, payments	
			0-10-	
Sign		Date > 3	<u>85185</u>	
Ge	eneral Instructions	 Form 1099-DIV (dividends, includir funds) 		
0	tion references are to the Internal Revenue Code unless otherwise	 Form 1099-MISC (various types of 	income, prizes, awards, or gross	

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- * Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tultion)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property) Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Non-Federal Direct Deposit Enrollment Request Form Authorization agreement for automatic deposits (ACH)

Please follow these directions

Employer or Company name:

:081000032: 355005975872

Account type:

- 1. Ensure the entire form is complete. If printing, sign and date it.
- 2. If providing this form directly to your Employer, they should review this form for completeness and suitability. If Employer / Company prefers or requires their own form, use the account type, number and ABA routing number below to complete their form.
- 3. Enter the account information on the form into your employers Human Resources Payroll portal or provide it to your employer.

MYAC

Deposit amount:	%	
Account Number:	355005975872	
State where opened:	MO	
ABA routing number:	081000032	
The state of the s	1001	
OSMAR J MEDERO ROJAS	1001	
OSMAR J MEDERO ROJAS 151 PINTAIL LN APT 105	1001	
	1001	
151 PINTAIL LN APT 105		

1001

I (we) authorize the above named Employer / Company to initiate credit entries to my Bank of America checking and / or Savings accounts indicated below and to credit the same to such account. I (we) acknowledge that the origination of the ACH transaction to my (our) account must comply with the provision of U.S. law.

Customer na	ame:
Signature:	
Date:	