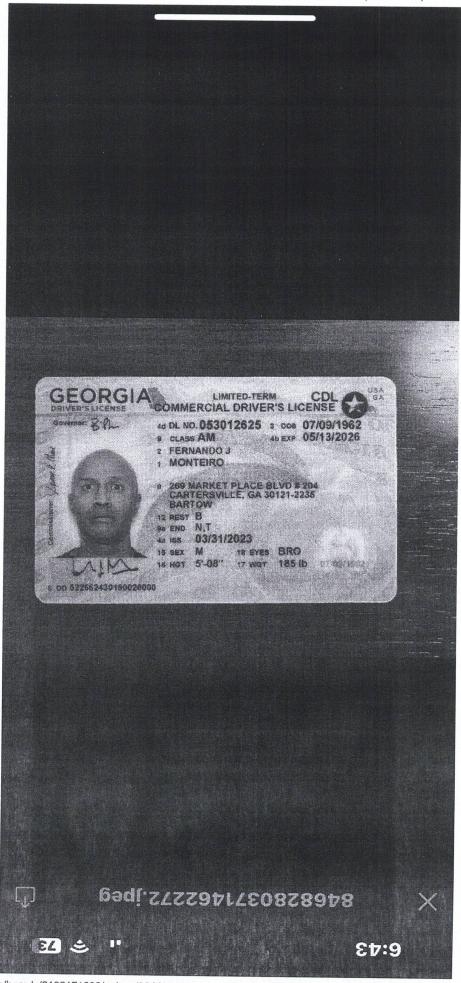
## DIRECT DEPOSIT REQUEST FORM

Please Complete this form clearly, print and sign.

Driver's Name Fernando Monteiro	
Routing Number 082907273	
Account Number 2804835232	
Please circle one	
CHECKING	
I Authorize Royal and BRZ to automatically deposit my paycheck into account listed above.	
Driver Signature Date	
71 / 6/11/25	



Form W-9

(Rev. October 2018) Department of the Treasury Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

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

*********		Constitution of the Consti	***************************************		
	1 Name (as shown on your income tax return). Name is required on this line; defended to the shown on your income tax return). Name is required on this line; defended to the shown on your income tax return). Name is required on this line; defended to the shown on your income tax return). Name is required on this line; defended to the shown on your income tax return).	/ "			
Print or type. See Specific Instructions on page 3.	2 Business name/disregarded shifty name, if different from above	teiro			
	following seven boxes.			4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any)	
	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership)  Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes, Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.			Exemption from FATCA reporting code (if any)	
	Other (see instructions) ▶  5 Address (number, street, and apt. or suite ao.) See instructions.  Requester's name are			(Applies to accounts maintained outside the U.S.)	
	269 Market Place Blvd				
	Cartersville, GA 30121				
	7 List account number(s) here (optional)				
Par	t1 Taxpayer Identification Number (TIN)	nament framework all and a season of the last of company that will be considered to the considered to	taragrafichiaecoult a rian gortustarecht reportunisch vorsiteid (delta Milita M		
	your TIN in the appropriate box. The TIN provided must match the nar up withholding. For individuals, this is generally your social security nur		Agrana Agrana and Agra	curity number	
reside entitie	ont alien, sole proprietor, or disregarded entity, see the instructions for as, it is your employer identification number (EIN). If you do not have a	56-7827			
Note:	ater. : If the account is in more than one name, see the instructions for line 1	I. Also see What Name	and Employer	identification number	
	per To Give the Requester for guidelines on whose number to enter.				
Par	t Certification				
JOSHO ANTACANA	r penalties of perjury, I certify that:	***************************************			
2. I ar Sei	e number shown on this form is my correct taxpayer identification num in not subject to backup withholding because: (a) I am exempt from ba vice (IRS) that I am subject to backup withholding as a result of a failu- longer subject to backup withholding; and	ckup withholding, or (b)	I have not been n	otified by the Internal Revenue	
	n a U.S. citizen or other U.S. person (defined below); and				
	e FATCA code(s) entered on this form (if any) indicating that I am exem	pt from FATCA reportin	g is correct.		
you h	fication instructions. You must cross out item 2 above if you have been n ave failed to report all interest and dividends on your tax return. For real es sition or abandonment of secured property, cancellation of debt, contribut than interest and dividends, you are not required to sign the certification, t	state transactions, item 2 tions to an individual retin	does not apply. For ement arrangement	or mortgage interest paid, t (IFA), and generally, payments	
Sign			Date ▶ C	/11/25	
General Instructions		Form 1099-DIV (dividends, including those from stocks or mutual funds)			
noted		<ul> <li>Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)</li> </ul>			
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.		<ul> <li>Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)</li> </ul>			
	pose of Form	<ul> <li>Form 1099-S (proceeds from real estate transactions)</li> <li>Form 1099-K (merchant card and third party network transactions)</li> </ul>			
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer		<ul> <li>Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)</li> </ul>			
identi	fication number (TIN) which may be your social security number  I, individual taxpayer identification number (TTIN), adoption	• Form 1099-C (canceled debt)			
taxpa	yer identification number (ATIN), or employer identification number	<ul> <li>Form 1099-A (acquisition or abandonment of secured property)</li> </ul>			
amou	to report on an information return the amount paid to you, or other intreportable on an information return. Examples of information is include, but are not limited to, the following.	Use Form W-9 only if you are a U.S. person (including a resident ailen), to provide your correct TIN.			
	m 1099-INT (interest earned or paid)	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.



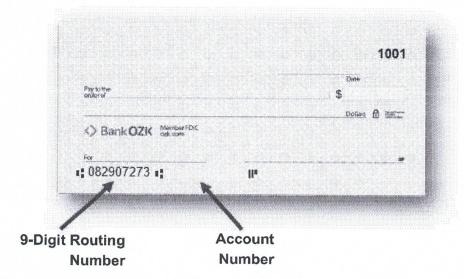


Name:

FERNANDO J MONTEIRO

269 MARKET PLACD BLVD #204

Address: CARTERSVILLE, GA 30121



Name of Bank:

Bank OZK

Account Number: 2804835232

Routing Number:

082907273

Type of Account: (Checking or Savings)

Checking

(Company Name) is hereby authorized to directly deposit to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Signature:

Date: