



Texas

DRIVER LICENSE

Director: *Steven C. McCreary*



D. Ruiz

COMMERCIAL
DRIVER LICENSE

4d. DL: 22104766

9. Class: A

3. DOB: 01/26/1988

4b. Exp: 01/26/2029

4a. Iss: 05/24/2021

1. RUIZ

2. DAVID JR

8. 12053 GREENVEIL DR
EL PASO, TX 79936-0389

12. Rest: NONE

9a. End: N

16. Hgt: 5'-07" 15. Sex: M 18. Eyes: BRO

5. DD: 06422160159224079286

01/26/1988

10006910534

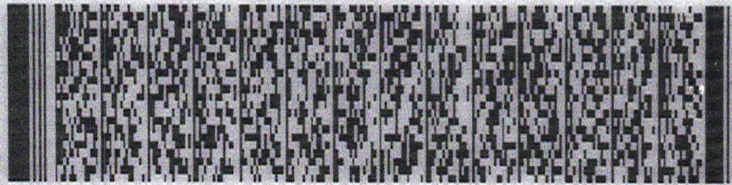


CLASS: A-Comb veh w/ GVWR \geq 26,001 lbs provided towed veh \geq 10,001 lbs

REST: NONE

END: N - TANK VEHICLE

DOB: 01/26/1988



REV: 02/23/2020

Directive to physician
has been filed at Tel #

Emergency Contact #

Allergic reaction to
drugs:

TEXAS ROADSIDE ASSISTANCE: 1-800-525-5555

UNITED STATES OF AMERICA SOCIAL SECURITY ADMINISTRATION UNITED STATES OF AMERICA SOCIAL SECURITY ADMINISTRATION UNITED STATES OF AMERICA

SOCIAL SECURITY

627-01-2796

THIS NUMBER HAS BEEN ESTABLISHED FOR

DAVID
RUIZ JR

David Ruiz Jr

SIGNATURE

06/25/2014



Non-Federal Direct Deposit Enrollment Request Form

Authorization agreement for automatic deposits (ACH credits)

Directions for Customer Use:

- 1) **Ensure entire form is complete, then sign and date**
 - Use the ABA routing number from the state where your account was opened
- 2) **Ensure appropriate Employer / Company address is used when mailing completed form**
- 3) **Employer / Company should review this form for completeness and suitability.** If Employer / Company prefers or requires their own form, use account type, number and ABA routing number below to help complete their form
- 4) **Mail form directly to Employer / Company** (Note: It is not necessary for employer or company to return the form to the bank once direct deposit is set up into the payroll system)

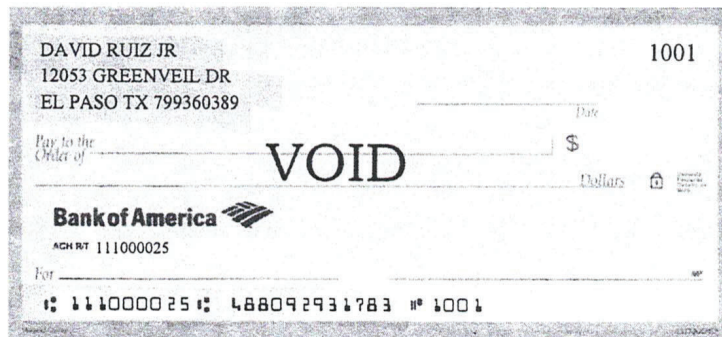
Employer / Company Name: _____

Employer Address _____ **City** _____ **State** _____ **Zip** _____

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 transactions to my (our) account must comply with the provisions of U.S. law.

Note: Funds can be deposited into one account or split between accounts as a set percent or dollar amount.

Account Type	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	State Acct Opened <u>TX</u>
Account Number	<u>4880 9293 1783</u>	
ABA Routing Number	<u>111000025</u>	
Deposit Amount	_____ % OR \$ _____ (Flat Amount)	



If monies to which I am not entitled are deposited to my account, I authorize the Employer / Company (issuer) to direct the financial institution to return said funds and I authorize the financial institution to act on the Employer / Company direction and to return said funds. This authority will remain in effect until Employer / Company has received written notification from me of its termination in such time and in such manner as to afford Employer / Company and financial institution a reasonable opportunity to act on it.

DAVID RUIZ JR
Name _____

12053 GREENVEIL DR **EL PASO TX 799360389**
Address _____ City/State/Zip _____

Signature (required) _____ Date **06/01/2021** Telephone Number **915-205-2281**

NOTE: Written credit authorization must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

DIRECT DEPOSIT REQUEST FORM

Please Complete this form clearly, print and sign.

Driver's Name

David Ruiz Jr.

Routing Number

111 000025

Account Number

488092931783

Please circle one

☒ CHECKING

☐ SAVING

I Authorize Royal and BRZ to automatically deposit my paycheck into account listed above.

Driver Signature

Date

David Ruiz Jr.

11/11/2022