THE VIDDA FOUNDATION
333 SEVENTH AVENUE, 9TH FLOOR
NEW YORK, NEW YORK 10001

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize THE VIDDA FOUNDATION to initiate **ACH deposits** to the account named below.

Further, I agree not to hold THE VIDDA FOUNDATION responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until THE VIDDA FOUNDATION receives a written notice of cancellation from either me or my financial institution.

Account Information

Name(s) on Account: ACMH, Inc

Name of Financial Institution: Chase

ABA Routing Number: 021000021

Account Number: 977071653 ☒ Checking | ☐ Savings

Signature

Authorized Signature (Primary): _____ Date: 10-29-2026

Printed Name: Daniel K. Johansson