

PROGRESS COUNSELING GROUP

Direct Deposit Authorization Form

(Issued by Moore Consulting Holdings, LLC)

Please complete all fields below to authorize direct deposit of your Independent Contractor payments. Incomplete forms may delay processing.

Name: _____

Address: _____

City, State, ZIP: _____

Bank Name: _____

Account Number: _____

Routing Number (9 digits): _____

Account Type: Checking Savings

Authorization Agreement

I hereby authorize **Moore Consulting Holdings, LLC** (d/b/a **Progress Counseling Group**) to initiate direct deposits to the bank account listed above. This authorization will remain in effect until I submit written notice of modification or cancellation.

I acknowledge that:

- I am responsible for ensuring that the account information provided is accurate.
- Any changes to my account must be submitted at least **10 business days** prior to the next scheduled payment.
- If an incorrect deposit occurs due to my bank information, I authorize PCG to debit or credit my account to correct the error.

Independent Contractor's Signature: _____

Date: _____

Submit Completed Form:

Email to: **billing@hellopcg.com**

Subject line: *Direct Deposit Authorization – [Your Name]*