MINUTE MAN SERVICES, INC.
FAMILY OWNED AND OPERATED SINCE 1980

3905 ROCHESTER ROAD, ROYAL OAK, MI 48073 · WWW.MM.SERVICES
PHONE: (248) 585-6300 · FAX: (248) 585-5822

AUTHORIZATION FOR RELEASE OF FINANCIAL INSTITUTION INFORMATION

Facility Name: _____

Name on Record: _____ Maiden/Alias: _____

Account #'s: D. O. B.: _____

S. S. N.: _____

I, _____, authorize you and any bank, credit union, or any other financial institution to provide information regarding checking accounts, savings accounts, joint accounts, trusts, safe deposit boxes, balances on any trusts, any balances on accounts, signature cards, account closings, transfers, withdrawals, stocks, bonds, mutual funds, or any other financial information to:

MINUTE MAN SERVICES, INC. – 3905 ROCHESTER RD - ROYAL OAK, MI 48073
SECURE EMAIL: REQ@MM.SERVICES

THE INFORMATION BEING SOUGHT IS TO BE USED

IN THE EVALUATION OF A PENDING OR UPCOMING LEGAL SUIT.

Failure to authorize release of this information may cause a delay in the processing of that suit. A photo static copy of this authorization shall serve in its stead.

THIS AUTHORIZATION IS VALID FOR , BUT MAY BE REVOKED UPON WRITTEN REQUEST TO: MINUTE MAN SERVICES, INC. - 3905 ROCHESTER RD - ROYAL OAK, MI 48073, AND/OR FACILITY LISTED ABOVE. RECORDS MAY HAVE ALREADY BEEN RELEASED BASED UPON A PREVIOUS AUTHORIZATION. PATIENT OR AUTHORIZED REPRESENTATIVE SIGNING THIS AUTHORIZATION UNDERSTANDS THAT THIS AUTHORIZATION IS VOLUNTARY AND THEY MAY REFUSE TO SIGN. TREATMENT OR PAYMENT WILL NOT BE CONDITIONED UPON THIS AUTHORIZATION OR REVOCATION OF THIS AUTHORIZATION UNLESS OTHERWISE ALLOWED BY LAW.

SIGNATURE: _____ **DATE:** _____
(PATIENT/PARENT/GUARDIAN/CONSERVATOR/SPOUSE/EMPLOYEE)