



MINUTE MAN SERVICES, Inc.

DIGITAL DOCUMENT SOLUTIONS

3318 North Main Street Royal Oak, Michigan 48073

Phone: 248-585-6300 - Fax: 248-585-5822

http://www.minutemanservices.net

AUTHORIZATION FOR RELEASE OF FINANCIAL INSTITUTION INFORMATION

To: _____

Re: _____

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

_____ S. S. N.: _____

I, _____, authorize 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. - 3318 N MAIN ST - ROYAL OAK, MI 48073

THE INFORMATION BEING SOUGHT IS TO BE USED IN THE EVALUATION OF A PENDING 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 ONE (1) YEAR AFTER IT IS SIGNED, BUT MAY BE REVOKED UPON WRITTEN REQUEST TO: MINUTE MAN SERVICES, INC., - 3318 N MAIN ST - ROYAL OAK, MI 48073, AND/OR FACILITY LISTED ABOVE. RECORDS MAY HAVE ALREADY BEEN RELEASED BASED UPON A PREVIOUS AUTHORIZATION. 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)

Subscribed and sworn to before me this _____ day of _____, _____
(1st, 2nd, 3rd) (Month) (Year)

Notary Public, _____, _____ My commission expires: _____
(County) (State) (Expiration Date)

NOTARY SIGNATURE: _____