



**MNP Corporation  
Authorization for Payroll Deductions**

I, an employee of MNP, authorize MNP Corporation to deduct applicable fees from my upcoming paycheck(s) in exchange for health services rendered by MNP Services, to myself and/or family. The undersigned understands and acknowledges the terms and conditions of payroll deduction set by MNP Services, a division of MNP Corporation.

**Date:** \_\_\_\_\_

**Employee:** \_\_\_\_\_

**Patient (may be self/employee or a family member):** \_\_\_\_\_

**Division:** \_\_\_\_\_

**Reason:** Health Services

**Amount to be deducted:** \_\_\_\_\_

**X** \_\_\_\_\_

**Patient**

**X** \_\_\_\_\_

**Tina Shropshire FNP-C**