

## **DIRECTION TO PAY**

**TO:**

**RE:** Invoices of Medical Marijuana Group Consulting Ltd, for Client treatment (“Invoices”)

\_\_\_\_\_  
*Law Firm                  Lawyer Name (together “Law Firm”)*

\_\_\_\_\_  
*Client Name*

\_\_\_\_\_  
*Law Firm Address*

\_\_\_\_\_  
*Date of Birth*

\_\_\_\_\_  
*Law Firm Address*

\_\_\_\_\_  
*Date of Loss*

\_\_\_\_\_  
*Law Firm Phone Number*

\_\_\_\_\_  
*Claim or Policy Number*

As evidenced by my signature below, I hereby fully and irrevocably authorize and direct my Law Firm to pay from the settlement or judgment obtained on my behalf with respect to the Date of Loss, all outstanding invoices owing to MMC arising solely from an approved treatment plan. If the treatment plan is declined only the \$200 documentation fee will be invoiced. Cannabis will not be ordered on a declined treatment plan. Please pay promptly and directly to:

| <b>Mailing a Cheque</b>  | <b>Paying with Direct Deposit:</b>  |            |                                  |               |  |                      |   |                         |   |                 |   |
|--|---|------------|----------------------------------|---------------|--|----------------------|---|-------------------------|---|-----------------|---|
| Medical Marijuana Consulting Group Ltd.<br>29 Kilworth Park Drive<br>Komoka, Ontario<br>N0L1R0 | <table> <tr> <td>Bank Name:</td> <td>Alterna Savings and Credit Union</td> </tr> <tr> <td>Bank Address:</td> <td>12 Kent Street, Tower B<br/>Ottawa, ON<br/>K1P 5P2</td> </tr> <tr> <td>Account Holder Name:</td> <td>Medical Marijuana Group Consulting Ltd.</td> </tr> <tr> <td>Account Holder Address:</td> <td>29 Kilworth Park Drive<br/>Komoka, ON<br/>N0L 1R0</td> </tr> <tr> <td>Account Number:</td> <td>00646:842:100010173267 (transit:bank:account)</td> </tr> </table> | Bank Name: | Alterna Savings and Credit Union | Bank Address: | 12 Kent Street, Tower B<br>Ottawa, ON<br>K1P 5P2 | Account Holder Name: | Medical Marijuana Group Consulting Ltd. | Account Holder Address: | 29 Kilworth Park Drive<br>Komoka, ON<br>N0L 1R0 | Account Number: | 00646:842:100010173267 (transit:bank:account) |
| Bank Name:   | Alterna Savings and Credit Union  |            |                                  |               |  |                      |   |                         |   |                 |   |
| Bank Address:  | 12 Kent Street, Tower B<br>Ottawa, ON<br>K1P 5P2  |            |                                  |               |  |                      |   |                         |   |                 |   |
| Account Holder Name:   | Medical Marijuana Group Consulting Ltd.   |            |                                  |               |  |                      |   |                         |   |                 |   |
| Account Holder Address:  | 29 Kilworth Park Drive<br>Komoka, ON<br>N0L 1R0   |            |                                  |               |  |                      |   |                         |   |                 |   |
| Account Number:  | 00646:842:100010173267 (transit:bank:account)   |            |                                  |               |  |                      |   |                         |   |                 |   |

This Direction to Pay shall be your good and sufficient and irrevocable authority for so doing.

Client Signature: \_\_\_\_\_ Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Witness Name: \_\_\_\_\_

### **ACKNOWLEDGMENT**

We, the Law Firm, acting as counsel for the Client acknowledge receipt of this Direction to Pay and undertake to abide by our Client’s direction.

Dated at \_\_\_\_\_ AM/PM, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

|                          |   |
|--------------------------|---|
| _____                    | _____   |
| Name                     | Law Firm  |
| <b>P: 1-844-312-5143</b> | <b>F: 1-844-633-6422     E: associates@medmc.ca</b> |