



Commission Disbursement Authorization

THIS FORM IS NOT VALID WITHOUT A SIGNATURE

GF# _____ Close Date ____/____/____

Client Name _____

Property Address _____

Title Company _____

Closer Name _____

Email Address _____

Phone _____

Earned Commission (____% of \$ _____) \$ _____

Bonus (if applicable) \$ _____

*Total Collected by Title Company = \$ _____

TITLE COMPANY PLEASE NOTE: A copy of the Closing Disclosure must be mailed along with the check for Texas Home Group to the following address:

6334 F.M. 2920
Suite 210
Spring, Texas 77379

PLEASE DISBURSE CHECKS IN THE FOLLOWING MANNER:

Texas Home Group \$ _____

THG Agent Name & License # _____ \$ _____

THG Agent Name & License# _____ \$ _____

Referral _____ \$ _____

Contribution _____ \$ _____

*Total Disbursed (Equals Total Collected) \$ _____

Richard Walker/ Office Manager