



COMMISSION DISBURSEMENT AUTHORIZATION FORM

Title Company: _____

Phone: _____ Fax: _____

Escrow Closer: _____ Email: _____

Property Address: _____ GF#: _____

Seller(s): _____ Buyer(s): _____

Listing Firm: _____ Agent Name: _____

Selling Firm: _____ Agent Name: _____

Sales Price: \$ _____ Closing Date: _____ Funding Date: _____

Mission Real Estate Group is to receive _____ % (Percent) commission as the Seller's Buyer's Broker, to be distributed as follows:

\$ _____ to Mission Real Estate Group

\$ _____ to _____, an agent with Mission Real Estate Group.
(PLEASE MAKE AGENT PORTION PAYABLE DIRECTLY TO AGENT)

*If applicable, please pay a referral fee of: \$ _____

To be deducted from the commission of: _____ and paid at closing to: _____ (See Attached Referral Form for Referring Agent Information)

Checks should be made payable and mailed to:

**Mission Real Estate Group
2186 Jackson-Keller # 310
San Antonio, Texas 78217**

Have Questions? Call: 210-201-6250 or Email: missionrealestategroup@yahoo.com

Agent must have CDA signed by broker prior to any disbursement.

BROKER SIGNATURE: (Company's Broker)

DATE