



PAID AT CLOSING/COMMISSION DISBURSEMENT AUTHORIZATION

REQUEST FORM

THIS REQUEST MUST BE RECEIVED AT LEAST 48 HOURS PRIOR TO CLOSING!

(We will NOT do any Paid at Closings the day of closing)

A			
Agent's Name:			
MLS#:			
Property Address:			_
Title Company's Name:	<u> </u>		
Title Company's Contact Name:			
Title Company's Email Address:			
Phone:	Fax:		
Estimated Closing Date:			

"THIS REOUEST MUST BE RECEIVED AT LEAST 48 HOURS PRIOR TO CLOSING" Monday through Friday excluding Weekends, Holidays, and day of the Closing

- 1. Complete this form.
- Send this form with all of your required documentation to <u>info@homewiscfl.com</u> fax to (407)712-2010, mail, or deliver in person.
- 3. Send a copy of **YOUR CHECK to <u>accounting@homewisefl.com</u>** upon your transaction closing. This is required for I099 purposes and will ensure the correct amount is recorded.

