



Transaction Coordination Payment Agreement

Referring Date	____ / ____ / ____
Referring Agent	_____
Agent Telephone Number	(____) ____ - ____
Agent Email Address	_____
Brokerage Name	_____
Brokerage Address	_____
Transaction Coordination Company	_____
Agent Email Address	_____
Address	_____
Phone Number	(____) ____ - ____
Referral Amount	_____
Client Name(s)	_____
Client Phone Number	(____) ____ - ____
Client Email Address	_____
Client Address	_____
Property Address	_____
Agreement Details	<p>By Signing this agreement Referring Agent authorizes My Coordinator to have access to Dotloop, Green Sheets & other office processing systems to efficiently manage and coordinate this file. Agent also authorizes My Coordinator to order Title Reports, Home Inspections, CCR's, Plat Maps, Home Warranty, and any other documents needed to efficiently manage and coordinate this file. Above fee shall be paid to My Coordinator out of agents commissions at time of closing by Referring Agents Title Company. This form shall serve as notice to said title company that referring agent authorizes this fee.</p>
	Please sign below.
Referring Agent	_____
Processing Agent	_____