



COMMISSION – DRAW CHECK REQUEST for Loan Officers

**ALL PAYMENTS WILL BE MADE
FROM YOUR OPERATION
ACCOUNT.**

Requests will be handled within three business days.

All Commissions paid will be based on the gross commission earned less 1/3 for anticipated tax withholdings.

DATE: _____

AFFILIATE OFFICE ID # _____

BRANCH MANAGER: _____

EMAIL ADDRESS: _____@SHOREMORTGAGE.COM

Payee - Loan Officer: _____

ITEMIZED CLOSING TO BE PAID ON: (Note-Maximum Draw is 2/3 of total compensation)

| Loan No. | Closing Date | Disbursement Date | Total Commission Earned | Draw Requested |
|----------|--------------|-------------------|-------------------------|----------------|
| _____ | _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ | \$ _____ |

CHECK AMOUNT \$ _____

Branch Mgr. Signature

For Accounting Use Only

Received: _____

Receipts: _____

Code Review: _____