



AGENT TERMINATION FORM

Note: This form must be completed for every agent that leaves your office!

Upon completion, email this form and any additional pages to accounting@sellstatecorporate.com.

Agent Removed from Power Suite Roster

Please do not submit form until agent is removed from your Power Suite roster.

Agent Information

Franchise Name: _____

Agent Name: _____

Termination Date: _____

Authorized Signature: _____ Date: _____

Manager/Broker/Owner

Agent Asset Development Program

Agents Sponsored:

Agent Name: _____

Franchise Name: _____

Agent Name: _____

Franchise Name: _____

Agent Name: _____

Franchise Name: _____

(*Include additional pages if necessary)

CORPORATE USE ONLY - DATA ENTRY REQUIRED FOR ALL AGENTS UPON TERMINATION

Vendor File _____

Customer File _____

Debit Report Master Sheet _____

License Fee ACH _____

Bank _____

Commission Disbursement ACH _____

Bank _____

AAD Spreadsheet _____

Archive AAD Agreement _____