

GAP CANCELLATION REQUEST FORM

Please complete ALL sections of this form and submit it along with a copy of the Guaranteed Asset Protection (GAP) Addendum.

(Please PRINT)

SECTION A – DEALER INFORMATION

SECTION B – CUSTOMER/BORROWER INFORMATION

DEALER NAME	LAST NAME
ADDRESS	FIRST NAME
CITY STATE ZIP	ADDRESS
CONTACT NAME (REQUIRED)	CITY STATE ZIP
PHONE FAX	CUSTOMER PHONE NUMBER

SECTION C – FINANCIAL INSTITUTION INFORMATION

SECTION D – VEHICLE/ADDENDUM INFORMATION

FINANCIAL INSTITUTION NAME	CONTRACT NUMBER – INCLUDING LETTERS (REQUIRED)
ADDRESS	CONTRACT EFFECTIVE DATE CANCEL DATE
CITY STATE ZIP	CUSTOMER CONTRACT COST CONTRACT TERM
CONTACT	YEAR MAKE MODEL
PHONE FAX	VEHICLE IDENTIFICATION NUMBER – INCLUDING LETTERS

SECTION E – REASON FOR CANCELLATION (Please check one)

To process this cancellation request, the following supporting documentation is required:

CUSTOMER REQUEST - Cancel form or cancellation letter with signature of contract holder

PAY OFF - Proof of payoff from lienholder on contract

REFINANCE - Proof of refinance with new lienholder and proof of payoff from lienholder on contract

REPOSSESSION - Repossession letter from lienholder on contract

TRADE/SOLD/RETURNED - Odometer statement or cancellation form with signature of contract holder

RE-CONTRACT/FRAUD/LOAN NOT FUNDED - Proof of re-contract/fraud/loan not funded

TOTAL Loss - Proof of loss date and proof of payoff from lienholder on contract

SECTION F – SIGNATURES

I hereby request cancellation of the GAP Program Addendum. In consideration of this cancellation, I do hereby release and forever discharge the Dealer/Creditor and I agree to hold the Financial Institution/Lender and Dealer/Creditor harmless from any and all claims, demands, action and payment on this Addendum, except for partial refund of the charge.

CUSTOMER SIGNATURE (If required, see Section E above) DATE

DEALERSHIP PERSONNEL SIGNATURE PRINT NAME

Return signed document to:

ATTN: GAP Cancellation Dept.

Financial Gap Administrator LLC, 1670 Fenpark Drive, Fenton, MO 63026

Phone: 800-856-6468 Fax: 636-600-4426 Email: cancellations@wisefandi.com