Cancellation Request Form

Customer Name: _____ Selling Dealership: _____

Address: _____ Dealership Contact Name: _____

City, State Zip: _____ Dealership Phone Number: _____

Contract Number: _____ Last 6 of VIN: _____

Effective Cancellation Date: _____ Current Odometer (if applicable): _____

Vehicle Year, Make, Model: _____

Lienholder and Address: _____

PLEASE INITIAL WHICH PRODUCT(S) YOU WISH TO CANCEL:

_____ Vehicle Service Contract (VSC) _____ Maintenance

_____ GAP Waiver _____ Ancillary _____ Excess Wear & Tear

REASON FOR CANCELLATION:

- ☐ Customer Request – reason: _____
- ☐ Loan Paid-in-Full/Refinanced (attach copy of Paid-in-Full letter or Refinance Documentation)
- ☐ Customer Sold/Traded covered vehicle (attach copy of Bill of Sale/Odometer Statement/Buyers Order)
- ☐ Repossession (attach copy of Repossession Letter)
- ☐ Total Loss (attach letter from Insurance Company or Lienholder indicating loss date and mileage, if applicable)
- ☐ Contract Back-Out or Unwind/Flat Cancel (Dealer Representative's signature required; must submit within 30 days otherwise additional documentation will be required)

PLEASE READ AND INITIAL THE FOLLOWING ITEMS UPON REVIEW AND AGREEMENT:

_____ I, the above customer, am aware that if any of the above products/services were included in my vehicle financing and are cancelled, any refund will be returned to the above lienholder to be credited to my account.

_____ I, the above customer, am aware that if any of the above products/services were included in my vehicle financing and are cancelled, the refund amount will be deducted from the principal of my loan and will NOT lower my payments.

_____ I, the above customer, am aware that the refunds for the above products/services are calculated based on the time, miles, or unused portion remaining (prorated).

_____ I, the above customer, am aware that upon the cancellation of any of the above products/services, I will be responsible for the cost of any repairs and remaining payments due on my vehicle until paid in full.

_____ I, the above customer, am aware that I am responsible for providing written proof of lien release to the dealer if I have paid the loan in full on the covered vehicle.

_____ I, the above customer, am aware that if any products/services are financed with the MasterTech Payment Plan, I am responsible for either faxing this notice to Service Payment Plan (SPP) at 800.449.5990 **OR** mailing it to SPP at 303 East Wacker Drive, Suite 230, Chicago, IL 60601 **on or before the effective cancel date**.

_____ I, the above customer, am aware that there will be up to a ten (10) day delay in the cancel process if a copy of the contract for all products/services being cancelled is not submitted with this form.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS AND AGREE TO THEM FULLY.

_____ __/__/__ _____ __/__/__

Contract Holder's Signature **(Required)** Date Dealer Representative Signature Date

_____ __/__/__

Co-Buyer Signature Date

GAP CANCELLATIONS: YOU HAVE THE UNCONDITIONAL RIGHT TO CANCEL GAP FOR A FULL REFUND/CREDIT WITHIN THIRTY (30) DAYS AFTER IT IS PURCHASED PROVIDED YOUR COLLATERAL HAS NOT SUFFERED A TOTAL LOSS, AND YOU COMPLETED AND RETURNED THIS FORM OR OTHER WRITTEN NOTICE OF CANCELLATION TO THE BELOW ADDRESS POSTMARKED NO LATER THAN THIRTY (30) DAYS AFTER GAP WAS PURCHASED. IF YOU DO NOT RECEIVE THE REFUND/CREDIT WITHIN SIXTY (60) DAYS OF NOTICE OF CANCELLATION/TERMINATION, CONTACT THE GAP ADMINISTRATOR.

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