FINANCIAL GAP ADMINISTRATOR LLC 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

DEALER NAME		
ADDRESS		
CITY	STATE	ZIP
CONTACT NAME (REQUIRED)		
PHONE	FAX	

SECTION B – CUSTOMER/BORROWER INFORMATION

LAST NAME		
FIRST NAME		
ADDRESS		
CITY	STATE	ZIP
CUSTOMER PHONE NUMBER		

SECTION C – FINANCIAL INSTITUTION INFORMATION

FINANCIAL INSTITUTION NAME		
ADDRESS		
CITY	STATE	ZIP
CONTACT		
PHONE	FAX	

SECTION D – VEHICLE/ADDENDUM INFORMATION

CONTRACT NUMBER – INCLUDING LETTERS (REQUIRED)	
CONTRACT EFFECTIVE DATE	CANCEL DATE
CUSTOMER CONTRACT COST	CONTRACT TERM
YEAR MAKE	MODEL
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, 11662 Gravois Road, #22439, St. Louis, MO 63126
Phone: 888-427-2037 Fax: 636-600-4426 Email: cancellations@wisefandi.com