

CANCELLATION FORM

GAP ADDENDUM CANCELLATION FORM

Dealer's Name			Borrower's Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

Lending Institution Name			Addendum Number		
Street Address			Addendum Effective Date (MO) (DAY) (YR)		Cancel Effective Date (MO) (DAY) (YR)
City	State	Zip			

VEHICLE DESCRIPTION

Year	Make	Model	Vehicle Identification Number
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REQUEST FOR CANCELLATION

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

Borrower's Signature: _____

Date: _____

GAPWiseSM Administrator
 1670 Fenpark Drive
 Fenton, MO 63026
 Phone: (636) 349-1234 (888) GAP-2037
 Fax: (636) 349-3169

“The Smart Road to Financial GAP Protection”

