



<b>FAX Cancel Quote Requests to:</b> <b>(913) 904-3450</b>	<b>E-Mail Cancel Quote Requests to:</b> <b>canx@veritasglobal.com</b>	<b>Call (888) 585-1530</b> <b>for Cancel Quotes</b>
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Consumer Name		Consumer Name		VIN	
Address			City	State	Zip
Requested Date of Cancellation:	Reason for Cancellation:				
	<input type="checkbox"/> Customer Request <input type="checkbox"/> Deal Unwind <input type="checkbox"/> Early Payoff <input type="checkbox"/> Re-Write <input type="checkbox"/> Repossession <input type="checkbox"/> Trade-In <input type="checkbox"/> Total Loss – No Claim Filed				
Refund Check Payable to:	<input type="checkbox"/> Dealer <input type="checkbox"/> Lien Holder <input type="checkbox"/> Consumer (Proof of payoff from lien holder is required to refund customer)				
Lender/Lessor Name				Telephone Number	
Address			City	State	Zip
Dealer Name				Telephone Number	
Address			City	State	Zip

### REQUEST FOR CANCELLATION OF GAP AGREEMENT

By **Your** signature below, you acknowledge that:

- You** understand that you have an unequivocal right to cancel the GAP Agreement at any time. If you cancel the GAP Agreement within sixty (60) days of the date of purchase, then you will receive a full refund of the GAP Agreement purchase price. If you cancel the GAP Agreement after sixty (60) days of the date of purchase, then the refund will be prorated based on the number of elapsed months since the GAP Agreement purchase date;
- The requested cancellation date and the reason for the cancellation are shown above;
- You** understand that this form must be submitted to the Administrator identified below within thirty (30) days of the requested cancellation date;
- You** understand that any refund payment made to the lien holder will be deducted from the finance agreement's principal balance and that any such deduction may not reduce your monthly payment;
- You** understand that in the event of a total loss of your vehicle after the GAP Agreement has been cancelled, you will be solely responsible for Payment of the finance agreement's outstanding balance including any difference between the finance agreement's outstanding balance and any settlement payment made by your primary insurance carrier, as well as payment of a deductible, if applicable, and

**I acknowledge that I have read and fully understand the terms and conditions of cancellation described herein. I understand that the GAP Agreement described above terminates once I sign and date this form. I hereby terminate the GAP Agreement as of the requested date of the cancellation above.**

Consumer Signature	Date	Dealer Signature	Date
Consumer Signature	Date	Dealer Signature	Date

**NOTE:** If this request is for other than a cancellation due to repossession, the consumer **MUST** sign this form. All requests for cancellation due to repossession must be accompanied by proof of repossession by the lender/lessor. Requested cancellation date cannot be any earlier than the date this form is completed and signed by the consumer. **ATTENTION CONSUMER: TO PROCESS CANCELLATION, YOU MUST FORWARD THIS FORM OR OTHER WRITTEN NOTICE OF CANCELLATION TO THE ADMINISTRATOR.**