

GAP Cancellation Form

I wish to cancel my GAP and have the unearned portion of the GAP cost refunded to me. I understand this refund will be calculated per the terms of my GAP Addendum and that you will either credit the principle balance of my loan, if my loan is unpaid, or will refund directly to me, if the loan is paid in full.

I understand and agree that the cancellation effective date cannot be backdated and therefore must be within 10 days of the date this form is received by Automotive Administrators to process. If the cancellation effective date is more than 10 days from the date Automotive Administrators received this form, the date of receipt will be automatically used as the agreed cancellation date.

I further understand and accept that this cancellation will totally VOID all protection provided by the GAP Addendum for the entire term of the loan and I will have no recourse or claim against any of the parties named in the GAP Addendum in the event of a future total loss or un-recovered theft to my vehicle.

Cancellation effective Date: _____

Purchaser's Signature Co-Purchaser's Signature Date

Dealer's Signature Date

Dealership _____

Insured(s) _____

Current Address _____

City, State, Zip _____

Reason Cancelled _____

Make Refund Check Payable To: Mail To:

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Dealer | <input type="checkbox"/> Dealership |
| <input type="checkbox"/> Customer | <input type="checkbox"/> Customer |
| <input type="checkbox"/> Customer & Bank* | <input type="checkbox"/> Bank |
| <input type="checkbox"/> Bank or Finance Source* | |

*Finance Company _____

Address _____

City, State, Zip _____