

CUSTOMER SERVICE CENTER, INC.
P.O. BOX 19340
KALAMAZOO, MI 49019
888-640-0387

| |
|------------------------|
| Addendum Number |
| Lender (Dealer) Number |

GAP COVERAGE CANCELLATION FORM

| | | | | | |
|---------------------------|-------|----------|----------------|-------|----------|
| Lender/Lessor/Dealer Name | | | Consumer Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip Code | City | State | Zip Code |

| | | |
|-----------------------------------|-------|----------|
| Assigned Lending Institution Name | | |
| Street Address | | |
| City | State | Zip Code |
| Loan Number | | |

| Coverage Effective Date | | | Cancel Effective Date | | |
|-------------------------|-----|------|-----------------------|-----|------|
| Month | Day | Year | Month | Day | Year |
| | | | | | |

VEHICLE DESCRIPTION

| | | | |
|------|------|-------|-----|
| Year | Make | Model | VIN |
|------|------|-------|-----|

Request for Cancellation

I hereby request cancellation of the GAP Addendum described above. In consideration of this cancellation, I do hereby release and forever discharge the original lender/lessor ("Dealer"), the Assigned Lending Institution ("Lender"), and the Administrator, Customer Service Center, Inc. ("Administrator") and the insurance carrier, and I agree to hold the Dealer, the Lender, the Administrator and the insurance carrier harmless from any and all claims, demands, actions and payments on account of the Agreement, except for available refund of the Agreement charge as set forth in the Agreement.

Consumer Request – Unless evidence is provided that the loan has been repaid, refund will be made to the Financial Institution.

Witness: _____ **Consumer:** _____
 (Dealer) Signature Signature Date

Repossession
 Other: _____
(Provide Explanation)

(If repossessed, attach notice from Assigned Lending Institution, including the date of repossession.)

Assigned Lending Institution: _____

Signature/Title: _____ Date: _____