



# GAP MONTHLY REMITTANCE REGISTER

Dealer Name: \_\_\_\_\_ Month Ending: \_\_\_\_\_

Address: \_\_\_\_\_ Batch No. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Consumer Name	Certificate #	Net Remittance
1		\$
2		\$
3		\$
4		\$
5		\$
6		\$
7		\$
8		\$
9		\$
10		\$
11		\$
12		\$
13		\$
14		\$
15		\$
16		\$
17		\$
18		\$
19		\$
20		\$

### REQUEST FOR REFUNDS

Number of Requests for Refunds:	Total Net Amount Due From Administrator	\$
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Amount Due Administrator \$	Check No:	Check Amt: \$
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PLEASE ACCOUNT FOR ALL PRE-NUMBERED AGREEMENT FORMS IN NUMERICAL ORDER. ALL PRE-NUMBERED FORMS MUST BE ACCOUNTED FOR. RETURN ALL VOIDED COPIES TO ADMINISTRATOR WITH THIS REPORT.

**Make checks payable to the insurance carrier and Send to:**  
**Customer Service Center, Inc., P.O. Box 19340, Kalamazoo, MI 49019 Phone: 888-640-2540 Fax: 269-388-3554**