



## GAP ADDENDUM CANCELLATION FORM

Dealer's Name*			Borrower's Name*		
Street Address*			Street Address*		
City*	State*	Zip*	City*	State*	Zip*
Dealer's Contact Name			Dealer's Phone Number		
Lending Institution Name*			Addendum Number* <b>(Letters Included) REQUIRED</b>		
Street Address*			Addendum Effective Date* (mm/dd/yyyy)	Cancel Effective Date* (mm/dd/yyyy)	
City*	State*	Zip*	Borrower's Cost	Term*	
Year	Make	Model	Vehicle Identification Number		

**\* This information is required for the processing of this cancellation.**

### **CANCELLATION REASON – PAPERWORK REQUIRED FOR PROCESSING**

- Customer Request** - Cancel form or cancellation letter with signature of contract holder.
- Contract Payoff** – Proof of payoff from lien holder on contract.
- Repossession** – Repossession letter from lien holder on contract.
- Trade** – Odometer statement, or signed cancellation form.
- Refinance**
- Deal Unwind**

### **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: \_\_\_\_\_

**Submit Cancellation to:**  
**Financial Gap Administrator**  
**Cancellation Department**  
**1670 Fenpark Drive, Fenton, MO 63026**  
**Phone: (888) 427-2037 | Fax: (636) 600-4426**  
**Email: cancellations@gapadmin.com**