

# EQUITYPROTECT<sup>SM</sup>

"Strength ... Security ... Financial Protection"

## CANCELLATION FORM

### 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		
Street Address			Addendum Effective Date (MO) (DAY) (YR)		Cancel Effective Date (MO) (DAY) (YR)
City	State	Zip	Borrower's Cost (Required)		

#### VEHICLE DESCRIPTION

Year	Make	Model	Vehicle Identification Number
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#### 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.

Signature: \_\_\_\_\_

**PLEASE CHECK ONE:**

CUSTOMER   
DEALERSHIP   
LIENHOLDER

Date: \_\_\_\_\_

#### EQUITYPROTECT<sup>SM</sup> ADMINISTRATOR

1670 Fenpark Drive

Fenton, MO 63026

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