



# Cancellation Request Form

Customer Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State Zip: \_\_\_\_\_  
 Contract Number: \_\_\_\_\_  
 Effective Cancellation Date: \_\_\_\_\_  
 Vehicle Year, Make, Model: \_\_\_\_\_  
 Lienholder and Address: \_\_\_\_\_

Selling Dealership: \_\_\_\_\_  
 Dealership Contact Name: \_\_\_\_\_  
 Dealership Phone Number: \_\_\_\_\_  
 Last 6 of VIN: \_\_\_\_\_  
 Current Odometer (if applicable): \_\_\_\_\_

**Please initial which product(s) you wish to cancel:**

- \_\_\_\_\_ **Vehicle Service Contract (VSC)**
- \_\_\_\_\_ **Maintenance (return unused coupons)**
- \_\_\_\_\_ **GAP**

**Reason for Cancellation:**

- Customer Request – reason: \_\_\_\_\_
- Customer Sold / Traded covered vehicle (attach copy of Bill of Sale/Odometer Statement/Buyers Order)
- Repossession (attach copy of Repossession Letter)
- Total Loss (attach letter from Insurance Co. or Lienholder indicating loss date and mileage, if applicable)
- Contract Back-Out or Unwind / Flat Cancel (Dealer Representative's signature required; must submit within **30** days otherwise additional documentation will be required)

**PLEASE READ AND INITIAL THE FOLLOWING ITEMS UPON REVIEW & AGREEMENT:**

\_\_\_\_ I, the above customer, am aware that if any of the above products were included in my vehicle financing, any refund will be returned to the above lienholder to be credited to my account.

\_\_\_\_ I, the above customer, am aware that if the above products are cancelled, the refund amount will be deducted from the principal of my loan and will NOT lower my payments.

\_\_\_\_ I, the above customer, am aware that the refunds for the above services are calculated based on the time, miles, or unused portion remaining (pro-rated).

\_\_\_\_ I, the above customer, am aware that upon the cancellation of any of the above products, I will be responsible for the cost of any repairs or remaining payments due on my vehicle until paid in full.

\_\_\_\_ I, the above customer, am aware that I am responsible for providing written proof of lien release to the dealer if I have paid the loan in full on the covered vehicle.

\_\_\_\_ I, the above customer, am aware that I am responsible for either faxing this notice to Service Payment Plan (SPP) to 800-449-5990 **OR** mailing it to SPP at 303 East Wacker Drive, Suite 230, Chicago, IL 60601 **on or before the effective cancel date** if VSC is financed with the MasterTech Payment Plan.

\_\_\_\_ I, the above customer, am aware that there will be up to a 10 day delay in the cancel process if a copy of the contract for all products being cancelled and all unused maintenance coupons are not submitted with this form

**I have read and understand the above statements and agree to them fully.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Contract Holder's Signature (Required)      Date      Co-Buyer Signature      Date      Dealer Representative Signature      Date