



GAP Cancellation Request Form

**Lender Reminder:
Once GAP Cancellation
Request Form is Completed,
Please Process the GAP
Application Cancel on IQQ**

**Refund method
Nonrefundable after 60 days**

Lender: _____

Cancellation Contact: _____

Phone Number: _____ Fax Number: _____

Purchase Date: _____ Cancel Date: _____

Account/Loan Number: _____

Borrower Name: _____

Vehicle: _____

VIN: _____

Reason for Cancellation: _____

I (borrower) hereby request cancellation of the GAP Waiver Addendum purchased in conjunction with my loan indicated above. For consideration of such cancellation, I hereby release the Lender from any and all liability with respect to the GAP Waiver so cancelled on the above noted collateral loan.

In the event my vehicle is stolen or a total loss and my insurance company pays less than the amount of the installment sales contract/loan/lease, I understand I will be fully responsible for any deficiency balance.

Borrower Signature: _____ Date: _____

Lender Signature: _____ Date: _____