



Isuzu Finance  
of America, Inc.

## CANCELLATION REQUEST AND RELEASE

CONSUMER	DEALER	POLICY NUMBER
ADDRESS	ADDRESS	
CITY STATE ZIP	CITY	STATE ZIP
DEFICIENCY WAIVER CONTRACT NUMBER	PHONE	CONTACT

  

TODAY'S DATE	LENDER/LESSOR
REQUESTED CANCELLATION DATE	ADDRESS
<input type="checkbox"/> CONSUMER REQUEST <input type="checkbox"/> FLAT CANCELLATION - First thirty (30) days only. <input type="checkbox"/> REPOSSESSION - Attach written copy of repossession. <input type="checkbox"/> CLAIM - refer to (4) below.	CITY STATE ZIP
	PHONE CONTACT

I am requesting cancellation of the above described **GAP Deficiency Waiver Contract**. The requested cancellation date and the reason for the cancellation are shown above.

- (1) I understand and fully agree that any refund due under this cancellation request will be sent directly to the lienholder listed on the **GAP Deficiency Waiver Contract**.
- (2) I understand and agree that such refund payment to the lienholder will be deducted from the Financial Agreement principal balance and that any such deduction may not reduce my monthly payment.
- (3) I understand and agree that the refund will be processed using the Rule of 78 calculation or as applicable and that a \$50.00 Administrative Fee will also apply.
- (4) **I understand and agree that in the event of a loss to my vehicle after this coverage has been cancelled, I remain solely responsible and liable for payment of the difference between the actual payoff due the lender/lessor under the terms and conditions of the Financial Agreement and the payment made by my physical damage insurance carrier as well as the payment of my deductible, if any.**

### REQUEST FOR CANCELLATION COVERAGE

I have read and fully understand each of the statements made above. I understand that coverage under the GAP Deficiency Waiver Contract as shown above terminates once I sign this form.

I WANT TO TERMINATE COVERAGE AS PROVIDED UNDER THE WAIVER DESCRIBED ABOVE:

X  
\_\_\_\_\_  
CONSUMER SIGNATURE(S) DATE

**NOTE:** If this is a request for other than a cancellation due to repossession, this form **must** be signed by the consumer. All requests for cancellation due to repossession must be accompanied by proof of repossession by the lender/lessor. Requested cancellation date cannot be any earlier than the date this form is completed and signed by the consumer. This form must be processed to the **Program Administrator** within thirty (30) days of the requested cancellation date. It should be processed within the normal monthly reporting made for the period in which the requested cancellation date falls.