PRINT RESET

CANCELLATION REQUEST AND RELEASE
DEBT CANCELLATION CONTRACT

Consumer			Dealer		Account Number
Address			Address		
City	State	ZIP	City	State	ZIP
Debt Cancellation Contract Number			Phone		Contact

Today's Date		Lender/Lessor	
Requested Cancellation Date		Address	
☐ **Consumer Request** ☐ **Flat Cancellation—First Thirty (30) days only** ☐ **Repossession—Attach Written Proof of Repossession**		City	State ZIP
		Phone	Contact

I am requesting cancellation of the above described **OwnerGUARD Debt Cancellation 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 Dealer / lien holder listed on the **OwnerGUARD Debt Cancellation Contract.**

2. I understand and agree that such refund payment to the lien holder 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 and that a $40.00 Administrative Fee, will also apply ($50.00 Commercial and Extended Term).
   Michigan, Nebraska, Nevada, North Dakota, Rhode Island: $25.00 minimum earned premium.
   Michigan, Colorado, Texas: Refund will be calculated using the Pro-Rate method.

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.

5. I understand and agree this Contract will not be reinstated after cancellation is processed.

REQUEST FOR CANCELLATION OF COVERAGE	
I have read and fully understand each of the statements made above. I understand that coverage under the OwnerGUARD Debt Cancellation Contract as shown above terminates once I sign this form. I hereby release OwnerGUARD Corporation from any and all claims.	
I WANT TO TERMINATE COVERAGE AS PROVIDED UNDER THE CONTRACT 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 from the lender/lessor. Cancellation/repossession requests must be received within thirty (30) days of cancellation/repossession date request. After thirty (30) days, cancellation date is the date the request is received in this office. Requested cancellation date cannot be any earlier than the date this form is completed and signed by the consumer. ***PLEASE INCLUDE A COPY OF THE GAP CONTRACT.***

Colorado: If the Contract is cancelled within thirty (30) days of the date of the Contract, you will receive a full refund.
The Consumer or the dealership may direct this request to:

OwnerGUARD Corporation
1775 Hancock Street Suite 200 · San Diego, CA 92110 · 619 228-0100 · Fax (619) 228-0128