

GSA Cancellation Form

GS Administrators, Inc.
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Phone: (800) 833-8443 / Fax: (713) 580-5127
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1. Contract Information

Select All That Apply			
<input type="checkbox"/> Service Contract	Contract # _____	AP Purchase Price \$ _____	
<input type="checkbox"/> Prepaid Maintenance	Contract # _____	Purchase Price \$ _____	
<input type="checkbox"/> GAP	Contract # _____	Purchase Price \$ _____	
<input type="checkbox"/> Tire and Wheel	Contract # _____	Purchase Price \$ _____	
<input type="checkbox"/> Other	Contract # _____	Purchase Price \$ _____	

Holders Name _____ VIN Number _____

2. Cancellation Information

Cancellation Date _____ Cancellation Mileage _____

Refund to be used as down payment for new vehicle

3. Cancellation Reason*(required) (Select one only)

- Customer Request
- Refinanced / Sold Vehicle (include odometer statement or Buyers order)
- Traded In – Non Selling Dealer (include odometer statement or buyers order)
- Loan Paid Off (Proof must be attached)
- Total Loss/Theft (Total Loss/Theft report must be attached)
- Repossession (Repossession Notice must be attached)
- Internal Trade (Selling Dealer Only - Credit to dealer statement)
- Back Out / Re-contract / Duplicate (Selling Dealer Only - Credit to dealer statement)
- Other _____

4. Issue Refund To*(required) (Select one only)

- Customer Only
 - Must complete customer information section below
 - Lien Release /Payoff letter must be submitted if financed
- Lender/Lessor Only
 - Must complete Lender/Lessor Information section below
- Seller (Selling Dealer Only - Credit to statement)
- Other (non-selling dealer) (check payment - enter payee name and address below)

Customer Information (inaccurate, incomplete, or missing information will delay processing)

Name _____ Phone _____

Current Address _____

Lender/Lessor Information (inaccurate information will delay processing)

PAID CASH / CREDIT CARD

Current Lender/Lessor Name _____

Lender/ Lessor Address _____

Dealer Information (submitted by)

I am the Original Selling Dealer of products listed above

Dealer Name _____ Selling Dealer Account # _____

Dealership Contact _____ Phone _____

Authorized Dealer Signature X _____ Date _____

Customer Authorization

"I hereby authorize and request that the Lender/Lessor named above, any successor or assign thereto, any entity servicing my loan or lease or any insurance company providing insurance on the vehicle described herein furnish to GS Administrators, Inc. or its representatives (collectively, "GSA") such information about me, my account or my vehicle that GSA may request in order to process this cancellation request. A photostatic copy of this authorization shall be considered as valid as the original."

Customer Signature X _____ Date _____

INSTRUCTIONS FOR COMPLETING THE CANCELLATION FORM

Please fill out this form completely with current and accurate information. Missing or incomplete information may result in delayed or misdirected payment. Send this form along with the necessary documentation to the email address located on the front page.

NOTE: “Selling Dealer” as used in this form means the original Selling Dealer that sold the contracts being cancelled herein. Refunds paid to the selling dealer will be applied to your monthly statement.

1. CONTRACT INFORMATION SECTION

- Provide Contract Number and Purchase Price
- Provide registered holders name and full VIN (vehicle ID number)

2. CANCELLATION INFORMATION SECTION

- Must provide Cancellation Date and Cancellation Mileage
- Please check box if funds are being used for down payment on a new vehicle.

3. CANCELLATION REASON SECTION

- Select the appropriate reason for cancellation (**SELECT ONLY ONE**) and include the required accompanying documentation as listed with the cancel reason

4. ISSUE REFUND TO SECTION

NOTE: If the Administrator has notice of a Lienholder or Lessor and a Discharge of Lien is not provided, any refund will be issued to the Lienholder/Lessor or Selling Dealer as necessary.

- Select the appropriate payee (**SELECT ONLY ONE**).
- Include the required accompanying documentation as listed with each reason

CUSTOMER INFORMATION SECTION

- Provide the Customer’s name and full current address.
- Missing, incomplete or inaccurate information will delay payment.

LENDER/LESSOR INFORMATION SECTION

- Complete current Lender/Lessor Information section in full
- If contract was not finance, please check box for “Paid Cash/ Credit Card
- Missing, incomplete or inaccurate information will delay payment

DEALER INFORMATION SECTION

- Complete the Dealer Information section (dealership that is submitting the cancellation request)
- Check box to indicate if you are the original selling dealer of the products being cancelled
- Must include contact name and phone number that we may contact with questions regarding this cancellation request.
- Provide authorized dealership signature and date

CUSTOMER AUTHORIZATION SECTION

- The Customer **MUST** sign and date this Cancellation Form

The refund calculation will be based on the provisions of the Contract purchased by the Customer. Refer to the Contract for the calculation method.