

Find the form that matches the product you wish to cancel.

Fully complete, sign and date the form.

The completed form with the **"PAID IN FULL"** letter from your lienholder should be sent to:

PRODUCTCANCELLATIONS@KEYCARS.COM

If the payment is going directly to the lienholder include your **account number** and the **payment mailing address** to ensure it gets credited to the proper account.

Include your contact information in your email so we can reach you if needed.

Please note the only acceptable item is the paid in full letter from the lienholder of record.

We cannot process with insurance company letters, trade papers or any other document unless you direct payment to the lienholder.

Portfolio

**Extended Service Agreement
CUSTOMER CANCELLATION FORM**

DEALERSHIP NAME		DEALER NUMBER	
ADDRESS			
CITY		STATE	ZIP
CUSTOMER NAME		TELEPHONE NUMBER	
ADDRESS			
CITY		STATE	ZIP
AGREEMENT NUMBER		VEHICLE IDENTIFICATION NUMBER (LAST 8 DIGITS)	
YEAR/MAKE MODEL		ORIGINAL IN-SERVICE DATE	
EFFECTIVE DATE OF CANCELLATION		MILEAGE AT DATE OF CANCELLATION	

REFUND TO:

LIENHOLDER CUSTOMER LIENHOLDER AND CUSTOMER

Has refund been issued? [] Yes [] No

Retail Price	\$ _____
Refund Amount	\$ _____
Cancellation Fee (if applicable)	\$ _____
NET REFUND	\$ _____

Signed:

_____ _____ _____
Date Customer Signature (Optional) Authorized Dealer Representative

Plateau



Request for Cancellation of Guaranteed Auto Protection

Dealership Name _____

Insured Name _____

Address _____

City _____ State _____ Zip _____

Certificate/Waiver Number _____
(send copy of certificate/waiver with cancel request)

Cancellation Date _____

Refund Quote \$ _____

✓ Reason for Cancellation: Traded _____ Paid off _____ Repo _____ Other _____

I hereby request cancellation of above listed GAP Certificate/GAP Waiver coverage. I understand that any refund from such cancellation will be paid according to provisions of the GAP Certificate/GAP Waiver.

Customer Signature Date

Financial Institution/Lender/Dealer Signature Date

Portfolio

Express Autogap Customer Waiver Cancellation Request

Please complete the following ~~information~~ for cancellation of the Express Autogap Waiver.

Express Autogap Waiver Number	Date of Sale
Consumer	Dealership
Address	Address
City State Zip	City State Zip
Year Make Model	VIN Current Mileage
Cancel Effective: / /	Lender/Lessor
<input type="checkbox"/> Installment Sale Contract/Loan Term (Months)	Address
<input type="checkbox"/> Lease	

Reason for Cancellation: (please check one)

Sale Unwind	Repossession	Vehicle Traded	Customer Request
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* The GAP waiver is non-cancellable after a total loss. Cancellations are processed according to the terms on the contract.

Request submitted by:

Dealership/Lender/Lessor

Consumer(s)

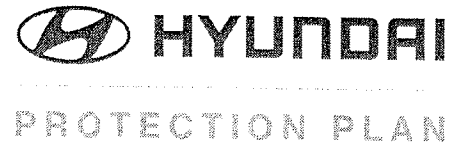
By _____ Date _____

Consumer Signature _____ Date _____

Title _____

Co-Consumer Signature _____ Date _____

HYUNDAI PROTECTION PLAN CANCELLATION FORM



Instructions:

1. Complete all information (incomplete forms will be returned unprocessed).
2. Attach original copy of customer agreement(s).
3. Please, fax or mail to administrator:
Cancellations Department
 Two Concourse Parkway, Suite 500
 Atlanta, GA 30328
 FAX: 800-477-9679
 cancellations@hyundaiprotectionplan.com
4. Allow three to four weeks for processing.

Reason for Cancellation

(Select One)

- Customer Request
(Must include customer signature)
- Flat cancellation
- Payoff (Provide proof of payoff)
- Repossession
(Must include Repossession letter from lienholder)
- Other _____

Customer Agreement(s) to be cancelled (please indicate below).

The Appearance Protection and Theft Protection Program can not be cancelled after time of purchase.

- | | |
|---|--|
| <input type="checkbox"/> CPO Wrap Vehicle Service Contract* | <input type="checkbox"/> Optional Pre-Paid Maintenance with CPO Wrap Vehicle Service Contract* |
| <input type="checkbox"/> Excess Wear & Use | <input type="checkbox"/> Optional Pre-Paid Maintenance with Term Protection Plus Vehicle Service Contract* |
| <input type="checkbox"/> Guaranteed Asset Protection | <input type="checkbox"/> Optional Pre-Paid Maintenance with Vehicle Service Contract* |
| <input type="checkbox"/> Guaranteed Asset Protection Plus | <input type="checkbox"/> Pre-Paid Maintenance Plus* |
| <input type="checkbox"/> Key Replacement Program | <input type="checkbox"/> Term Protection Plus Vehicle Service Contract* |
| <input type="checkbox"/> Platinum Vehicle Protection | <input type="checkbox"/> Tire & Wheel Protection |
| <input type="checkbox"/> Pre-Paid Maintenance* | <input type="checkbox"/> Vehicle Service Contract* |

*Requires Mileage/Odometer as well as Cancellation/Repo Date to be completed below.

Customer's name _____			
Cancellation/Repo date _____		Mileage/Odometer _____	
Dealer name _____			
Date of sale _____		Vehicle Identification Number (VIN) _____	
Term of Customer Agreement _____		Lienholder Information _____	
Buyer/Lessee name _____		Address _____	
City _____	State _____	ZIP _____	Phone _____

I hereby request cancellation of the product(s) indicated above in accordance with the cancellation terms and conditions of my customer agreement(s). I understand that cancellation of my customer agreement(s) will act to cancel any and all coverages that I purchased under the customer agreement(s).

Customer Signature _____ Date _____

Notes



AMERICAN AUTO GUARDIAN, INC./AAGI, Inc.

Agreement Number
Dealer Number

EXCESS WEAR & TEAR PROTECTION CANCELLATION REQUEST

Dealer Name			Consumer Name					
Street Address			Street Address					
City	State	ZIP	City			State	ZIP	
Lending Institution Name			Coverage Effective Date			Cancel Effective Date		
Street Address			Month	Day	Year	Month	Day	Year
City	State	ZIP	Mileage at the time of Cancellation					

VEHICLE DESCRIPTION:

Year	Make	Model	VIN
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Request for Cancellation

I hereby request cancellation of the Excess Wear & Tear Protection Agreement ("Agreement") described above. In consideration of this cancellation, I do hereby release and forever discharge, and agree to hold harmless, the Dealer, the Agreement Obligor, the Lending Institution, the Administrator and the Insurance Carrier from any and all claims, demands, actions and payments relating to the Agreement, except for any available refund of the Agreement charge. I further understand that if provided for in the Addendum, a cancellation fee may be subtracted from any refund for which I qualify.

Consumer Request – Unless evidence is provided that any loan has been repaid, the refund will be made to the Lending Institution.

Consumer: _____ Date _____ Witness: _____
Signature Signature Signature

Repossession – If the vehicle has been repossessed, attach notice from the Lending Institution, including the date of repossession.

Lending Institution: _____

Signature/Title: _____ Date: _____

CANCELLATION REQUEST / QUOTE FORM



<input type="checkbox"/>	CANCEL
<input type="checkbox"/>	QUOTE
<input type="checkbox"/>	QUOTE & CANCEL



CUSTOMER INFORMATION				
Customer #: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Original Purchase Date:</td></tr> <tr><td style="padding: 2px;">Cancellation Date:</td></tr> <tr><td style="padding: 2px;">Cancellation Miles:</td></tr> </table>	Original Purchase Date:	Cancellation Date:	Cancellation Miles:
Original Purchase Date:				
Cancellation Date:				
Cancellation Miles:				
VIN #: _____				
Customer Name: _____				
Address: _____				
City: _____ State: _____ Zip: _____				
Customer Signature: _____				

CHECK THE BOX FOR EACH PRODUCT TO BE CANCELED

☐	S-Guard
	VSC Contract #: _____
	Customer Refund: \$ _____
	Dealer Refund: \$ _____
	Cancel Percentage: % _____

☐	GAP
	GAP Contract #: _____
	Customer Refund: \$ _____
	Dealer Refund: \$ _____
	Cancel Percentage: % _____

REASON FOR CANCELLATION (Please check one)

- | | |
|---|--|
| <input type="checkbox"/> Customer Request
<input type="checkbox"/> Total Loss: PAYOFF NOTICE MUST BE INCLUDED
<input type="checkbox"/> Repo (Attach Repo Notice)
<input type="checkbox"/> Other: _____ | <input type="checkbox"/> Traded Sold (Attach Lienholder paid letter)
<input type="checkbox"/> Backout / Unwind
<input type="checkbox"/> Flat Cancel (within 30 days) |
|---|--|

Dealer Name: _____	Dealer Account #: _____
Dealer Representative Signature: _____	
Date: _____	