



GAP Cancellation Form

Customer Information

First Name	M.I.	Last Name	
Address			
City	State	Zip Code	Phone

Dealer Information

Issuing Dealer	Dealer Number	Phone
Authorized by	Authorized Signature and Title	

GAP & Vehicle Information

Cancellation Request Date	GAP Waiver or Policy Number	VIN
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If financed, please provide lender information:

Lender Name			
Address			
City	State	Zip Code	Phone

Issue Refund To Customer Lender Issuing Dealer

Cancellation Information

Reason (Must check one)

- Customer Request:**
- Repossession:** Attach lender's request letter.
- Trade-In:** Attach proof that loan is paid in full.
- Unwind:** Wrong plan or VIN, no funding, etc. Dealer credit only.
Unwinds after 60 days are prorated and include a processing fee.

1. Attach customer's original GAP Waiver or Policy and copy of GAP Application to this form. (Please allow 4-6 weeks for processing.)
2. **Mail or fax completed forms and documentation to: American Honda Finance Corporation, Attn.: Honda Care GAP Customer Service**
P.O. Box 2225 **Ph: (800) 999-5901**
Torrance, CA 90509-2225 **Fax: (888) 888-1483**

Refund Information

- ANY REFUND WILL BE RETURNED TO THE LENDER, UNLESS PROOF OF PAYOFF IS PROVIDED.
- Per the terms of your GAP Waiver or Policy: If cancellation is requested (*postmarked or faxed*) within 60 days of purchase the full purchase price will be refunded. After 60 days, refund will be pro-rata less a twenty-five (\$25) dollar processing fee (*except in CO, IN, KS, LA, MO, NH, NM, VT, TX, and WI, where there is no fee*). Processing fees do not apply to GAP Waivers purchased on or after November 30, 2015 for the state of South Carolina and GAP Waivers purchased on or after January 1, 2018 for the state of Alabama.
- Any refund payment to the lender/lessor may be deducted from the Finance Agreement principal balance and any such deduction may not reduce your monthly payment.
- Cancellation refund will be calculated no greater than 90 days from receipt of cancellation form, subject to state limitations.
- Wisconsin Only: Cancellation effective date is the date of cancellation request. **YOU** may elect to receive a check, or a credit toward the Outstanding Balance of **YOUR** loan, in the amount of the refund due and associated finance charges.
- Any refund will be processed using the terms and conditions of cancellation identified in **YOUR** GAP Waiver or Policy.
- Once **YOUR** GAP Waiver or Policy is canceled, it cannot be reinstated - **please acknowledge by initialing here:** _____

REQUEST FOR CANCELLATION OF GAP			
I HAVE READ AND FULLY UNDERSTAND EACH OF THE STATEMENTS ABOVE. I UNDERSTAND THAT THE GAP BENEFITS ABOVE TERMINATE ONCE I SIGN AND DATE THIS FORM.			
I HEREBY TERMINATE COVERAGE AS OF THE REQUESTED DATE OF CANCELLATION ABOVE.			
IN THE EVENT OF A LOSS OF MY VEHICLE AFTER MY GAP WAIVER OR POLICY IS CANCELLED, I REMAIN SOLELY RESPONSIBLE AND LIABLE FOR PAYMENT OF THE DIFFERENCE BETWEEN THE ACTUAL PAYOFF DUE THE LENDER 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.			
Customer Signature(s)	Date	Dealer Representative Signature	Date