

CUSTOMER AGREEMENT CANCELLATION REQUEST

Cancellation requests must be submitted by the Customer through the Selling Dealer or directly to the Program Administrator. Cancellation requests will be processed within 5-10 business days and sent to the Selling Dealer for completion. Please allow additional time for the Selling Dealer to process any additional paperwork. All refunds will be issued through the Selling Dealer. If there is an active lease or retail installment sales contract, the Selling Dealer will send the refund to the financial institution of record. If proof of pay-off or trade is provided, then the Customer will receive the refund.

Customer Information					
Name	Phone Number		E-mail		
Street Address	City		State	ZIP	
Check here if Customer's address or	r telephone number has change	ed from the Customer information	listed on the applicable prod	uct Agreement	
Dealer Information					
Name		Dealer Number			
Street Address	City		State	ZIP	
Phone Number	E-mail			Check here if not the Selling Dealer	
Vehicle Information					
VIN (Required)	Year	Make N	Model Pur	rchase Mileage/Current Mileage (Required)	
Financial Institution	Agreement/Add	dendum Purchase Date	Date Vehicle Trade	ed/Paid-Off/Repossessed	
Which Product(s) Are You Requ	esting To Be Cancelled?	? (Check all that apply)			
Contract Number(s) (if available)					
Vehicle Service Contract CPO Vehicle Service Contract V Pre-Paid Maintenance (with or with * If you purchased a Platinum Vehicle Prote Reason For Cancellation (Check Dealer (For all Dealer-requested cancellation Duplicate VIN1 Incorrect VIN1 1 Signed buyer's order for correct vehicle require	Vrap Excess out Tire Rotations) GAP/GA ection package, a request for the care Rotational Supports dealer signature must be provided Duplicate Submission Dealer Issued in Error/Unwin	ncellation of one product will result in the porting documentation may be ided): Customer (For all Customer Does Not	(with or without C Tire & Wheel (with or without C Dent & Ding Windshield F Key Replace he cancellation of all products procedured. Omer-requested cancellations Want the Product	Protection osmetic) Protection Repair Protection ment Protection	
² Documentation must be provided if cancellation Financial Institution Information					
If there is an active lease or retail installmen lessor or lienholder.			ds with an active lease or retai	I installment sales contract are due to the	
Name		Account Number			
Street Address	City		State	ZIP	
Cancellation Requested By Dea	ler:				
Dealer Printed Name	Title	Dealer A	uthorized Signature	Effective Date	
Cancellation Requested By Cus	tomer:				
Customer First Name	Last Name	Custome	er Signature	Effective Date	

Cancellation Policy

If the Customer's lease or retail installment sales contract is paid in full, provide a copy of the lien release or lease termination and check the early pay-off/termination date box. Otherwise, the Administrator will issue the refund and check to the Financial Institution of record, as determined by the Administrator. If the cancellation of the Agreement occurs as a result of a default under the finance agreement or the repossession of the covered vehicle, any refund due may be paid directly to the lessor or lienholder. State-specific cancellation rules may apply. **Please see the applicable consumer Agreement for specific cancellations rules**.

Send This Form and all Supporting Documents to:

Phone: 1-800-689-0047

Email Address: cancellations@power-protect.com

PPCF 7/22 Mailing Address: Power Protect Administrator, Two Concourse Parkway, Suite 500, Atlanta, GA 30328