GM Protection Plan

MRP Mechanical Repair Protection

Cancellation Form

Please refer to the "Cancellation and Refund" section of your agreement for additional details.

Please print or type

VEHICLE IDENTIFICATION NUMBER _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

(Must be 17 characters)

AGREEMENT REFERENCE NUMBER _ _ _ _ _ _ _ _ _

(Must be 9 characters)

ODOMETER READING AT TIME OF CANCELLATION _ _ _ _ _ _

(Do not enter in tenths of a mile)

Reason for cancellation:

- ☐ Vehicle sold or traded
- ☐ No longer desire benefits
- ☐ Other _____

(Describe)

Please forward any proceeds from this cancellation request to:

- ☐ Contract Holder
- ☐ Dealer *Dlr Name:* _____ *Address:* _____
- ☐ Lienholder/Financial Institution

Please print: *Name of Institution* _____ *Mailing address* _____ *Account number* _____

Please cancel the coverage on the above identified vehicle effective immediately. I understand that once canceled, coverage may neither be repurchased nor reinstated. I also understand that if I request that the refund be payable to me and a lienholder that claims an interest in the refund, the check will be made payable jointly to me and the lienholder, unless I provide proof with this form that my debt to the lienholder has been paid in full. I further understand that an administrative fee may be deducted from any refund payable to me (or dealer or lienholder on my behalf).

FIRST NAME _____ M.I _____ LAST NAME _____

OR

ENTER NAME OF BUSINESS OR MUNICIPALITY _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER _____ - _____ - _____ E-MAIL ADDRESS _____

SIGNATURE _____ MONTH _____ DAY _____ YEAR _____

After providing all of the above information, please forward this document to:

National Mechanical Service Center
P.O. Box 6855
Chicago, IL 60680-6855

For questions regarding transfer, call 1-800-631-5590.

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