

### ETCHWISE CANCELLATION REQUEST FORM

Please complete ALL sections of this form and submit it along with a copy of the ETCHWise contract.

(Please PRINT)

**SECTION A – DEALER INFORMATION**

**SECTION B – CUSTOMER/BORROWER INFORMATION**

DEALER NAME	LAST NAME
ADDRESS	FIRST NAME
CITY STATE ZIP	ADDRESS
CONTACT NAME (REQUIRED)	CITY STATE ZIP
PHONE FAX	CUSTOMER PHONE NUMBER

**SECTION C – FINANCIAL INSTITUTION INFORMATION**

**SECTION D – VEHICLE/ADDENDUM INFORMATION**

FINANCIAL INSTITUTION NAME	CONTRACT NUMBER – INCLUDING LETTERS (REQUIRED)
ADDRESS	CONTRACT EFFECTIVE DATE CANCEL DATE
CITY STATE ZIP	CUSTOMER CONTRACT COST CONTRACT TERM
CONTACT	YEAR MAKE MODEL
PHONE FAX	VEHICLE IDENTIFICATION NUMBER – INCLUDING LETTERS _____

**SECTION E – REASON FOR CANCELLATION (Please check one)**

**To process this cancellation request, the following supporting documentation is required:**

CUSTOMER REQUEST - Cancel form or cancellation letter with signature of contract holder

PAY OFF - Proof of payoff from lienholder on contract

REFINANCE - Proof of refinance with new lien holder and proof of payoff from lienholder on contract

REPOSSESSION - Repossession letter from lienholder on contract

TRADE/SOLD/RETURNED - Odometer statement or cancellation form with signature of contract holder

RE-CONTRACT/FRAUD/LOAN NOT FUNDED - Proof of re-contract/fraud/loan not funded

TOTAL LOSS - Cancel form and proof of loss date from the insurance company

**SECTION F – SIGNATURES**

I hereby request cancellation of the ETCHWise contract. In consideration of this cancellation, I do hereby release and forever discharge the Dealer/Creditor and I agree to hold the Financial Institution/Lender and Dealer/Creditor harmless from any and all claims, demands, action and payment on this Addendum, except for partial refund of the charge.

CUSTOMER SIGNATURE (If required, see Section E above)	DATE
DEALERSHIP PERSONNEL SIGNATURE	PRINT NAME

**Return signed document to:**

**ATTN: ETCHWise Cancellation Dept.**

**Administration America LLC, 11662 Gravois Road, #22439, St. Louis, MO 63126**

**Phone: 888-214-0241 Fax: 636-600-4426 Email: cancellations@wisefandi.com**