



INSURANCE CANCELLATION NOTICE

Member Information:

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|--|-------------------------------------|
| Name: | Date of Request: |
| Address: | |
| Telephone No: | Alternate No: |
| Email address: | |
| Account No. | Loan Suffix/ Last 4 Credit Card No. |
| Loan Type: Auto Personal Home Equity Credit Card | |

Insurance Type:

I hereby request and authorize CommonWealth One FCU to cancel my debt/asset protection insurance indicated below effective: _____

- Guaranteed Asset Protection (GAP)**

- Debt Protection**

- Mechanical Repair Coverage (MRC)**

Signature: _____

Date: _____