



INSURANCE CANCELATION NOTICE

Member Information:

Name:	Date of Request:
Address:	
Telephone Numbers:	(Alternate)
Email address:	
Member No.	Loan Suffix No.

Insurance Type:

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

- Guaranteed Asset Protection (GAP)**

- Credit Life**

- Credit Disability**

- Unemployment**

- Mechanical Repair Coverage (MRC)**

Signature: _____ Date: _____