

## **INSURANCE CANCELLATION NOTICE**

**Member Information:**

Name:	Date of Request:
Address:	
Telephone Numbers: (Mobile)	(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 Disability**

**Unemployment**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_