



# INSTRUCTIONS FOR CUSTOMER CANCELLATION REQUEST

## The following information is required to cancel a policy:

- 1. Cancellation form (Attached) or you can download a fillable PDF to complete form to print and submit with other documents
- 2. All documents requested under the chosen reason for cancellation

## Please submit all the above documents at the same time, if possible.

Fax documents to:	225-769-9112
Or mail documents to:	ATTN: CANCELLATIONS OSI P.O. Box 83480 Baton Rouge, La. 70884-3480

Or scan/email documents to: osicancellation@theldsgroup.com

If you need additional assistance, please call 225-769-9923 x 149 or toll free at 800-622-6838.

Please do not call to check the status of your cancellation or to see if we have received it for at least two (2) weeks after submitting it, as this slows down the cancellation process.

Thank you,

**OSI** Cancellation Department

# **Customer Cancellation Request**

Contract In	formation		
<u>Select</u>	Contra	act # <u>Cancel Dat</u>	
□ SC	Contract #	Cancel Date	
□ GAP	Contract #	Cancel Date	Cancel Mileage
Vehicle Inform	nation		
Year N	Make	Model VIN#	
Contract Hold	ler Information		
Name		Phon	ne
		City	
Email			
Lienholder In	formation		
		Phon	
Address		City	State Zip Code
Account Number			
	Need proof from lienhold	<b>bllowing documents)</b> tatement, bill of sale, or buyer's order er that vehicle is paid off (including VIN numl refund check will go to lienholder)	ber) or a copy of clear title
Total L	Need proof from lienhold	<b>ving documents)</b> urance company showing vehicle date of los er that vehicle has been paid off (including V refund check will go to lienholder)	
Refina		wing documents) sory note (finance agreement) from the refina echanical Policy if purchased when vehic	
Custor	• •	<b>he following documents)</b> FF, Lienholder information section (above) n	nust be completed to refund lienholder

٠ If vehicle is PAID OFF, we need copy of clear title or payoff letter from lienholder (including VIN number) to refund contract holder

#### **Contract Holder Authorization**

"I hereby authorize and request that the Lender/Lessor named above, any successor or assign thereto, any entity servicing my loan or lease or any insurance company providing insurance on the vehicle described herein furnish to OSI or its representatives such information about me, my account or my vehicle that OSI may request in order to process this cancellation request. A photo static copy of this authorization shall be considered as valid as the original."

## Contract Holder Signature X