

NOTICE OF CANCELLATION OF MOTOR VEHICLE LEASE

PURSUANT TO SECTION 305 OF THE
SERVICEMEMBERS CIVIL RELIEF ACT (50 U.S.C. App. §535)

TO: [Lessor name and mailing address]

FROM: [Lessee name and mailing address]

I, _____, as Lessee ("I"), notify you, Lessor ("You"), pursuant to Section 305 of the Servicemembers Civil Relief Act (SCRA) of my intent to terminate the lease of the following described motor vehicle:

Year Make Model VIN of leased motor vehicle Lease or Account Number

I understand that You may provide more specific instructions related to my lease agreement, your procedures for implementing this lease termination, or may designate someone to act on your behalf (Agent).

[Check applicable status]

_____ Since leasing the vehicle described above, I certify that I have entered military service under a call or order specifying a period of not less than 180 days of duty (or have previously entered military service under a call or order specifying a period of 180 days or less of duty, but, without a break in service, I have received orders extending my period of military service to a period of not less than 180 days); OR

_____ After leasing the vehicle described above, I certify that I have received military orders for a permanent change of station outside of the continental United States, have been ordered to deploy with a military unit for a period of not less than 180 days, or having been ordered to deploy for a period of less than 180 days, have received orders extending my period of deployment to a period of 180 days or more.

I understand that in order to terminate the lease, I am required to do the following:

1) Deliver this notice and a copy of my military orders to You or your Agent by: (a) hand delivery; (b) recognized courier service; (c) by U.S. mail in an envelope, postage paid and return receipt requested, addressed to You at the above address or your Agent at your Agent's designated address; or (d) by any other means You designate; AND

2) Return the leased motor vehicle to You or your Agent at any reasonable location specified by You or your Agent within 15 days after delivery of this notice.

Termination Date:

The lease is terminated effective on the date that I have complied with items 1) and 2) above.

Federal Odometer Statement:

I understand that Federal law requires me to provide You with a signed statement showing the vehicle's mileage at the termination of the lease. (Attachment A meets this requirement).

Liability by Law:

Although I do not have to pay an early termination charge, I understand that I remain liable for the prorated part of my last monthly payment due before the Termination Date, as well as any past due monthly payments, taxes, summonses and title and registration fees, reasonable charges for excess wear and use and excess mileage, and any other amounts owed under the lease, that have become due and are unpaid at termination in accordance with the terms of my lease.

Date

Signature of Servicemember or Designated Agent

Print Name, Rank and Branch of Service

Military Unit & Duty phone number

ODOMETER DISCLOSURE STATEMENT (Leased Vehicle)

FAX TO _____

(Request Fax Number from Lessor)

ODOMETER DISCLOSURE STATEMENT

Federal law (and State law, if applicable) requires that you, the lessee/customer, disclose the mileage to the lessor in connection with the transfer of ownership. **Failure to complete or making a false statement may result in fines and/or imprisonment.**

Complete disclosure form below and return to lessor.

I, _____ state that the odometer now reads _____
(Print name of person making disclosure) (no tenths)

miles and to the best of my knowledge that it reflects the actual mileage of the vehicle described below, unless one of the statements is checked.

(1) I hereby certify that to the best of my knowledge the odometer reading reflects the amount of mileage in excess of its mechanical limits.

(2) I hereby certify that the odometer reading is NOT the actual mileage.
WARNING - ODOMETER DISCREPANCY

Make _____ Model _____ Body Type _____ Color _____

Vehicle Identification Number _____ Year _____

Account Number _____ Dealer _____

LESSEE / CUSTOMER INFORMATION:

Lessee Name (printed) _____ Date _____

Lessee Electronic Identification Code (if applicable) _____

Lessee Signature _____

Lessee Address _____
(Street)

(City) (State) (Zip)

LESSOR INFORMATION:

Lessor Signature _____ Lessee _____

Date of Statement _____ Date Received by Lessor _____

Attachment "A"