



Automotive Lease Packaging

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Fleet Management Cessation Form

Name: _____
Phone: _____
Employer: _____
Signature: _____

Rego: _____
Email: _____
Date: _____

Why Do you wish to cease fleet management of your vehicle?

- Changing Employer Does your new employer allows salary packaging? Yes No
- Lease Ending Do you want to lease a new vehicle? Yes No
- Other Please Specify: _____

When do you wish to cease fleet management of your vehicle?

Please cease my fleet management as of: / / .

I understand that my employer may be billed for the entire month that the cessation occurs in.

Fringe Benefit Tax (FBT)

My odometer reading as at the cessation date is: _____ KM.

The number of days my car was unavailable for personal use was: _____ Days.

Fuel Cards & Insurance

All your fuel cards will be cancelled as of the cessation date. If your insurance is with us this will also be cancelled.

I would like to keep my insurance with Automotive Lease Packaging (a direct debit authorisation form for the insurance will be sent to you.)

Direct Debit

If your lease is not yet at the end of term we will require a signed direct debit authorization form from you authorizing the financier to debit you for your lease repayments.

Reconciliation

A reconciliation of your account will be finalized at the beginning of the month after the cessation date. This allows us to finalise any outstanding expenses to your account.

If your account is in surplus:

Funds will be returned via your employer's payroll. Your employer may need to tax any pre-tax funds forwarded from us.

If your account is in arrears:

We will invoice you for the outstanding amount to settle the account.