



GIFT CARD DISPUTE REQUEST

CARDHOLDER NAME
ADDRESS

Disputed Transaction

Date	Dollar Amount	Merchant Name	Card Number

I have attempted in good faith to resolve this dispute with the merchant. Yes No
 If yes, include the details of the attempt to resolve in the Cardholder Comments below.

Was Card lost or stolen? Yes No If stolen, by whom? _____

When did you first learn your card was missing? _____

Check One	Category	Description
<input type="checkbox"/>	Authorization error	Transactions cannot be honored because there is uncertainty that the authorization was obtained with correct information.
<input type="checkbox"/>	Double billing *	I was billed twice for the same transaction. The correct transaction posted to my account on _____ (date) for the amount of _____. I had possession of my card(s).
<input type="checkbox"/>	Merchandise or service not received	I did not receive the merchandise or service I expected to receive on _____ (date).
<input type="checkbox"/>	Credit not received *	I was issued a credit receipt that did not post to my account. A copy of the credit receipt is enclosed with this form.
<input type="checkbox"/>	Cancelled reservation	I spoke to _____ (name) to cancel my hotel reservation on _____ (date). My cancellation number is _____ (Hotel Only)
<input type="checkbox"/>	Paid by other means *	I paid for this transaction using cash, check, or other bank card. Enclosed is a copy of my cash receipt, cancelled check, or other bank card statement.
<input type="checkbox"/>	Incorrect amount *	I was billed \$ _____ but the correct amount is \$ _____. Enclosed is a copy of my sales receipt with the correct amount.
<input type="checkbox"/>	Returned merchandise *	I returned the merchandise to the merchant on _____ (date). Enclosed is a copy of the delivery carrier receipt and/ or bank card credit receipt.
<input type="checkbox"/>	Defective merchandise *	The merchandise arrived broken, defective, or otherwise unsuitable. I attempted to return the merchandise on _____ (date). My explanation of the defect is enclosed.
<input type="checkbox"/>	Not as described	The product or service I received was not as described by the merchant. I attempted to return the merchandise on _____ (date). Enclosed is the merchant's advertisement and a letter explaining what I expected to receive.
<input type="checkbox"/>	Cancelled services (Including airline and rentals)	I cancelled the service on _____ (date), however the merchant continues to bill me.
<input type="checkbox"/>	Non-recognition	I do not recognize this transaction.

Cardholder Comments	
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Date:	Signature:
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*Supporting documentation required.

Mail this signed form with any supporting documentation to:
 Arvest Bank Operations
 Attention: Electronic Banking LOC-W
 PO Box 799
 Lowell, AR 72745