



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
	Authorization error	Transactions cannot be honored because there is uncertainty that the authorization was obtained with correct information.
	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).
	Merchandise or service not received	I did not receive the merchandise or service I expected to receive on (date).
	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.
	Cancelled reservation	I spoke to (name) to cancel my hotel reservation on (date). My cancellation number is . (Hotel Only)
	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.
	Incorrect amount *	I was billed \$ but the correct amount is \$. Enclosed is a copy of my sales receipt with the correct amount.
	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.
	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.
	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.
	Cancelled services (Including airline and rentals)	I cancelled the service on (date), however the merchant continues to bill me.
	Non-recognition	I do not recognize this transaction.

Cardholder
Comments

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