



ARBITRATION DEMAND

TO RESPONDENT: **San Francisco Federal Credit Union**

(Name of the Party on whom Demand for Arbitration is made)

(Address) 770 Golden Gate Avenue

(City) San Francisco (State) CA (Zip) 94102

(Telephone) _____ (Fax) _____ (E-Mail) _____

Representative/Attorney (if known): _____

(Name of the Representative/Attorney of the Party on whom Demand for Arbitration is made)

(Address) _____

(City) _____ (State) _____ (Zip) _____

(Telephone) _____ (Fax) _____ (E-Mail) _____

FROM CLAIMANT (Name): _____

(Address) _____

(City) _____ (State) _____ (Zip) _____

(Telephone) _____ (Fax) _____ (E-Mail) _____

Representative/Attorney of Claimant (if known): _____

(Name of the Representative/Attorney for the Party Demanding Arbitration)

(Address) _____

(City) _____ (State) _____ (Zip) _____

(Telephone) _____ (Fax) _____ (E-Mail) _____

NATURE OF DISPUTE

Claimant hereby demands that you submit the following dispute to final and binding arbitration (a more detailed statement of the claim(s) may be attached) before Judicial Arbitration and Mediation Services in its offices located nearest to Claimant's address:

ARBITRATION AGREEMENT

The Credit Union will provide two copies of your arbitration agreement with us to Judicial Arbitration and Mediation Services.

ADDITIONAL INFORMATION

Complete and mail this form to San Francisco Federal Credit Union, 770 Golden Gate Avenue, San Francisco, CA 94102. Within 20 days of receipt of this Demand for Arbitration, the Credit Union will submit your Demand for Arbitration along with any required fees to Judicial Arbitration and Mediation Services. You will be contacted regarding scheduling and other matters.

Claimant's Signature Date