

Business Consent form

Complete this form to consent to the release of confidential information about your program account(s) to the representative named below, or to cancel consent for an existing representative. **Send this completed form to your tax centre (see Instructions).** Make sure you complete this form correctly, since we cannot change the information that you provided. You can also give or cancel consent by providing the requested information online through My Business Account at www.cra.gc.ca/mybusinessaccount.

Note: Read all the instructions on the first page before completing this form.

Part 1 – Business information – Complete this part to identify your business (all fields have to be completed)

Business name: _____

BN:

--	--	--	--	--	--	--	--	--	--

Telephone number: _____

Part 2 – Authorize a representative – Complete either part a) or b)

a) Authorize access by telephone, fax, mail or in person by appointment

If you are giving consent for an individual, enter that person's full name. If you are giving consent to a firm, enter the name and BN of the firm. If you want us to deal with a specific individual in that firm, enter **both** the individual's name and the firm's name and BN. If you do not identify an individual of the firm, then you are giving us consent to deal with anyone from that firm.

Note: If you are authorizing a representative (individual or firm) who is not registered with the "Represent a Client" service, the phone number is required.

Name of Individual: _____

Name of Firm: _____

Telephone number: _____

BN:

--	--	--	--	--	--	--	--	--	--

or

b) Authorize online access (includes access by telephone, fax, mail or by appointment)

You can authorize your representative to deal with us through our online service for representatives. The BN must be registered with the "Represent a Client" service to be an online representative. **Our online service does not have a year-specific option, so your representative will have access to all years.** Please enter the name and RepID of the individual or the name of the group and GroupID or name and BN of the firm.

Name of individual: _____

and

RepID:

--	--	--	--	--	--	--	--	--	--

or

Name of group: _____

and

GroupID:

G									
---	--	--	--	--	--	--	--	--	--

or

Name of firm: Saunders & Associates Inc.

and

BN:

8	5	1	3	8	6	8	1	3	
---	---	---	---	---	---	---	---	---	--

Telephone number: 705-645-3043

Part 3 – Select the program accounts, years and authorization level

a) Program Accounts – Select the program accounts the above individual or firm is authorized to access (tick only box A or B).

A. This authorization applies to all program accounts and all years.

Expiry date:

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

and

Authorization level (tick level 1 or 2)

Level 1 lets CRA disclose information only on your program account(s); or

Level 2 lets CRA disclose information **and** accept changes to your program account(s).

or

B. This authorization applies only to program accounts and periods listed in Part 3b). If you ticked this option, you must complete 3b).

Business Consent form

b) Details of program accounts and fiscal periods – Complete this area only if you ticked box B in Part 3a) on page 1.

If you ticked box B in part 3a), you have to provide at least one program identifier (see Instructions on page 1). You can then tick the box "All program accounts" for that program identifier **or** enter a reference number. Provide the authorization level (tick **either** box 1 to allow the CRA to disclose information **or** box 2 to disclose information **and** accept changes to your program account).

You can also tick the box "All years" to allow unlimited tax year access **or** enter a specific fiscal period (specific period authorization **is not available** for online access). You can also enter an expiry date to automatically cancel authorization. If more authorizations or more than four program identifiers are needed, complete another Form RC59.

Program identifier	All program accounts	Reference number	Authorization level		All years	or	Specific fiscal period (not available for online access)	Expiry date
			1	2			Year-end	
	<input type="checkbox"/> or		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	or	Y Y Y Y M M D D	Y Y Y Y M M D D
	<input type="checkbox"/> or		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	or	Y Y Y Y M M D D	Y Y Y Y M M D D
	<input type="checkbox"/> or		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	or	Y Y Y Y M M D D	Y Y Y Y M M D D
	<input type="checkbox"/> or		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	or	Y Y Y Y M M D D	Y Y Y Y M M D D

Part 4 – Cancel one or more authorizations – Complete this part **only** to cancel authorization(s)

- A. Cancel **all** authorizations.
- B. Cancel authorization for the individual, group, or firm identified below.
- C. Cancel authorization for specific program account(s) _____

Name of individual: _____ **and** RepID: | | | | | | | |

or

Name of group: _____ **and** GroupID: **G** | | | | | | | |

or

Name of firm: _____ **and** BN: | | | | | | | | | |

Telephone number: _____

Part 5 – Certification

This form has to be signed by an authorized person of the business such as an owner, a partner of a partnership, a director of a corporation, an officer of a non-profit organization or a trustee of an estate. By signing and dating this form, you authorize the CRA to deal with the individual, group, or firm listed in Part 2 of this form or cancel the authorizations listed in Part 4.

First name: _____ Last name: _____

Sign here: ► _____ Date: | Y | Y | Y | Y | M | M | D | D |

This form will not be processed unless it is signed and dated by an authorized person of the business.