



Business Consent

Protected B when completed

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 before completing this form.

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

Business Name: _____ BN:

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

a) Authorize access by telephone, fax and by mail
 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: _____ Telephone number: () - _____
 Name of firm: _____ BN:

or

b) Authorize online access (includes access by telephone, fax and by mail)
 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.**
 You **must** enter **one** of the following options:
 • the ReplD **and** the name of the **individual**; or
 • the GroupID **and** the name of the **group**; or
 • the BN **and** the name of the **firm**.

ReplD: **and** Name of individual: _____
 or
 Group ID: **and** Name of group: Hill & Company
 or
 BN: **and** Name of firm: _____
 Telephone number: (780) 486-1459

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

(a) Program Accounts – Select the program accounts the above individual, group or firm is authorized to access.
 Tick only **one** box, (i) or (ii).

(i) This authorization applies to all program accounts and all years.
 Expiry date:

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

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

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

If you ticked box (ii) in part 3(a), 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** the "Authorization level 1 box" to allow the CRA to disclose information **or** "Authorization level 2 box" 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		or	Year End	
<input type="text"/>	<input type="checkbox"/> or <input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	or	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> or <input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	or	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> or <input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	or	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> or <input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	or	<input type="text"/>	<input type="text"/>

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

A. Cancel all authorizations on **all** accounts

B. Cancel all authorizations for the individual, group, or firm identified below.

C. Cancel all authorizations for specific program account: Program identifier: Reference number: _____

D. Cancel authorization for the individual, group, or firm identified below for the following program account: Program identifier: Reference number: _____

ReplID: **and** Name of individual: _____

or
GroupID: **and** Name of group: _____

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

Part 5 - Certification

This form **must** 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: _____

Signature: ▶ _____ Date

The CRA will not process this form unless it is signed **and** dated by an authorized person of the business.
This form must be received by the CRA within six months of its signature date.
If it is not received in this time it will not be processed and will be returned to the business.