Canada Revenue Agency | Agence du revenu du Canada

# BUSINESS CONSENT FORM

Complete this form to consent to the release of confidential information about your Business Number (BN) account(s) to the representative named below, or to cancel consent for an existing representative. **Send this completed form to your tax centre**. 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 instructions on the last page before completing this form.**

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

**Business Name:** _____ **Business Number:** | | | | | | | | | |

Telephone Number: – –

## Part 2 - Authorize a representative

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

Name of Individual: _____ Name of Firm: _____

Telephone Number: – – **BN:** | | | | | | | | | |

**Authorize online access**

You can authorize your representative to deal with us through our online services for representatives. You have to provide the RepID of the individual or the Business Number of the firm indicated above. The name of the firm provided above must be the same name that is registered with the Represent a Client service at **www.cra.gc.ca/representatives**. If the firm names differ then online access will not be granted. Our online services do not have a year specific option, so your representative will have access to all years.

**RepID:** | | | | | | | | (for above individual)

**OR**

**BN:** | | | | | | | | | |

The BN must be registered with the Represent a Client service to be an online representative.

## Part 3 - Which Accounts and Which Years?

**i) Accounts -** Select which accounts the above individual or firm is authorized to access (check only box A or B).

**A.** ☐ This authorization applies to all BN accounts and all years. **Note: online access is available for box A only.**

Expiry date: Y Y Y Y M M D D

**OR**

**B.** ☐ This authorization applies only to the BN accounts and periods listed in Part 3ii.

**Authorization level:** check one box

☐ Disclose information only

**OR**

☐ Disclose information **and** make changes to your BN account(s)



(Vous pouvez obtenir ce formulaire en français à **www.arc.gc.ca** ou au **1-800-959-3376**)

Canada

# BUSINESS CONSENT FORM (RC59 continued)

**ii) Details of accounts and fiscal periods** - Complete this area if you checked box "B" in Part 3 i) on the first page.

If you checked box B in part 3i, you have to provide at least one program identifier (see Instructions on the last page). You can then check the "all accounts" box for that program identifier or enter a specific account number. Provide the authorization level ("1" to disclose information or "2" to disclose information and make changes). You can also check the "All years" box 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 additional authorizations or more than four program identifiers are needed complete another RC59.

| Program identifier | All accounts | Specific account | Authorization level | All years | or | Specific fiscal period (not available for online access) Year End | Expiry date |
|---|---|---|---|---|---|---|---|
| ☐☐ | ☐ | or ☐☐☐☐ | ☐ | ☐ | or | Y Y Y Y M M D D | Y Y Y Y M M D D |
| ☐☐ | ☐ | or ☐☐☐☐ | ☐ | ☐ | or | Y Y Y Y M M D D | Y Y Y Y M M D D |
| ☐☐ | ☐ | or ☐☐☐☐ | ☐ | ☐ | or | Y Y Y Y M M D D | Y Y Y Y M M D D |
| ☐☐ | ☐ | or ☐☐☐☐ | ☐ | ☐ | or | Y Y Y Y M M D D | Y Y Y Y M M D D |

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

☐ **A.** Cancel **all** authorizations.

☐ **B.** Cancel authorization for the individual or firm identified below.

Name of Individual: _____ Name of Firm: _____

**Part 5 - Certification**

This form must be signed by an authorized person of the business such as a proprietor of a proprietorship, 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 or firm listed in Part 2 of this form and/or cancel the authorizations listed in Part 4.

First name: _____ Last name: _____

Title: _____

Sign here ▶ _____ Date Y Y Y Y M M D D

**WE WILL NOT PROCESS THIS FORM UNLESS IT IS SIGNED AND DATED BY AN AUTHORIZED PERSON OF THE BUSINESS.**