



BUSINESS CONSENT FORM

This form authorizes Revenue Canada to release confidential client information to a designated third party representative in matters pertaining to applicable legislation. **Note: This authorization is valid until the client or authorized signing person cancels it in writing. Please complete a separate form for each representative. (Instructions on reverse)**

The purpose of this form is:

To authorize a third party representative OR To cancel a third party representative

1. Client identification

Name _____

Indicate one of the following:

Business Number (BN) for:

All accounts _____
or Specific program account type _____
or Specific account _____

Other Clients:

or Employer remittance account number _____
or Corporation account number _____
or Trust account number T _____
or Filer identification number HA _____

2. Authorized third party identification

Authorized individual's name

Authorized firm's name

3. Details of authorization

Indicate period for which authorization or cancellation applies:

All years (tick "✓" box)
or
Specific year(s) _____
(if calendar year-end, enter year only) _____
or
All years prior to _____
(if calendar year-end, enter year only)

4. Authorized signature (client or authorized signing officer)

Signature of client or authorized signing officer Title

Telephone number Date signed _____

We will not accept this form unless it is signed.