



Third Party Authorization and Cancellation of Authorization for GST/HST Rebates

Use this form to authorize or cancel the authority of a person to represent you as a claimant for GST/HST rebates you claimed on Form GST189, *General Application for Rebate of GST/HST* and Form GST498, *GST/HST Rebate Application for Foreign Representatives, Diplomatic Missions, Consular Posts, International Organizations, or Visiting Forces Units*.

Please print in blue or black ink.

Part A – Claimant Identification – Complete this part for both authorizing and cancelling third party representatives.			
Are you registered for GST/HST? <input type="checkbox"/> Yes <input type="checkbox"/> No		Business Number (if applicable) R T	
Claimant's last name or legal name of business/organization (include trading name if applicable)			
Claimant's first name and initials (individuals only)			
Claimant's mailing address			
City		Province/State	
Country		Postal code/Zip code	Telephone number - -
Contact person		Title	Telephone number - -
Part B – Third Party Representative Identification – Complete this part for both authorizing and cancelling third party representatives.			
Name of individual/firm (including trade name if applicable)		Business Number (if applicable) R T	
Third party representative's mailing address			
City		Province/State	Postal code/Zip code
Contact person (if applicable)		Title	Telephone number - -
Part C – Period of Authorization – Complete this part when you authorize a third party representative.			
Please indicate the period for which this authorization applies:			
<input type="checkbox"/> One transaction – please specify _____			
<input type="checkbox"/> Specified period – from _____ to _____			
<input type="checkbox"/> Starting on _____ until cancelled.			
<input type="checkbox"/> Other – please specify _____			
Part D – Extent of Authorization – Complete this part when you authorize a third party representative.			
The representative identified in Part B of this form is authorized as follows:			
<input type="checkbox"/> To sign and file rebate applications on my behalf. The rebate cheque(s) will be mailed to me.			
<input type="checkbox"/> To sign and file rebate applications on my behalf and to receive the rebate cheque(s) made payable to me. The third party identified in this authorization has to match the third party identified on the rebate application.			
<input type="checkbox"/> To file rebate applications that I have completed and to receive the rebate cheque(s) made payable to me. The third party identified in this authorization has to match the third party identified on the rebate application.			
Is the representative authorized to receive confidential information from the Canada Revenue Agency concerning rebate claims that they have filed on your behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No			
I declare that the amount of my rebate(s) filed by my representative has not, or will not, be taken as input tax credits on my GST/HST return.			
Claimant or authorized representative's signature		Telephone - -	Year Month Day
Part E – Cancelling the Authorization – Complete this part to cancel third party authorization.			
I cancel the authorization for this representative to act on my behalf as of _____ (print)			
Claimant or authorized representative's signature		Telephone - -	Year Month Day

General information

If you are using this form to authorize a third party representative, complete parts A to D. If you are cancelling authorization, complete parts A, B, and E.

If you have kept a copy of the original authorization, you may cancel it by completing Part E on the copy and sending that to us.

In either case, we require an original signature for both the authorization and the cancellation of the authorization.

Part A – Claimant identification

If you are filing as an individual, print your name and mailing address.

If you are filing for a business or other organization, print the full legal name (include the trading or operating name, if applicable), the mailing address, and the business address if it is different from the mailing address.

The Business Number (BN) is a 15-digit account identification number that we issue. Your BN has two parts: nine digits to identify the organization; and two letters and four digits to identify the different types of accounts the organization may have. For example, if your number was for a GST/HST account, it might be: 12345 6789 RT0001.

Part B – Third party representative identification

If you are authorizing or cancelling third party authorization for an individual, enter that person's full name or if for 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 the firm name and the name of the individual as the contact person. If you do not identify an individual of the firm, then you are giving us consent to deal with anyone from that firm.

If you are including a separate contact person, they must already be listed on file as an authorized third party representative or you must submit this form along with a completed Form RC59, *Business Consent Form*.

Note

If the authorized third party representative is not listed as an authorized representative on file, the contact information supplied will **not** be updated and the taxpayer will receive the rebate(s) claimed by default.

Part C – Period of authorization

Check one box to indicate the period of time you want this authorization to be in effect. The claim transaction date(s) on your rebate application(s) (Forms GST189 and GST498) have to fall within the period covered by this authorization.

We will keep this authorization on file for the time you specify. You do not have to file this form with every rebate application.

Part D – Extent of authorization

Check one box to indicate the extent of the authorization and whether or not you want the third party representative to receive cheques on your behalf.

You must also indicate whether or not you authorize us to release confidential information about your rebate claims to your representative.

You or an authorized officer of the organization must sign and date this form before we can register your representative and follow your instructions. An original signature is required.

Part E – Cancelling the authorization

Print the date that you want to cancel this authorization. An original signature is required.

Mailing instructions

Mail the completed form to:

**Canada Revenue Agency
Summerside Tax Centre
275 Pope Road
Summerside PE C1N 6A2**