



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.

Do not use this area.

To authorize a third-party representative, fill out parts A to D. If you are cancelling authorization, fill out parts A, B, and E.

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

Note

Do not use this form:

- to authorize or cancel the authority of a person to represent you as a claimant for rebates you claimed on Form RC7289, General Application for Rebate of Goods and Services Tax/Harmonized Sales Tax (GST/HST) and Quebec Sales Tax (QST) for Selected Listed Financial Institutions. Instead, use Form RC7257, Third-party Authorization and Cancellation of Authorization for GST/HST and QST Rebates for Selected Listed Financial Institutions.
- to give a representative access to your business number program accounts. Instead, go to canada.ca/taxes-representative-authorization to register them.

Part A – Claimant identification

Claimant's last name or legal name
of business or organization
(include trading name if applicable):

Claimant's first name and initials (individuals only):

Business number (if applicable):

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Mailing address

Unit No. – Street No. Street name, PO Box, RR:

City:

Province, territory or state:

Postal or ZIP code:

Country:

Telephone number:

Extension:

Part A – Claimant identification (continued)**Owner**

Name: _____

Title: _____

Telephone number: _____ Extension: _____

Part B – Third-party representative identificationName of third-party representative
(include trading name if applicable): _____

Business number (if applicable): _____

Third-party representative's mailing address

Unit No. – Street No. Street name, PO Box, RR: _____

City: _____

Province, territory or state: _____

Postal or ZIP code: _____

Country: _____

Telephone number: _____ Extension: _____

Contact person (if applicable)

Name: _____

Title: _____

Telephone number: _____ Extension: _____

Part C – Period of authorization

Indicate the period for which this authorization applies:

 One transaction – specify: _____ Specified period: From _____ to _____ Specified period: From _____ to _____ Starting on: _____ until cancelled Other – specify: _____

Part D – Extent of authorization

Check the box that describes the extent of the authorization you are granting to the representative identified in Part B.

- To **sign and file** rebate applications on my behalf. The rebate cheques will be mailed to me.
- To **sign and file** rebate applications on my behalf **and to receive the rebate cheques** made payable to me.
The representative identified in this authorization must match the third party identified on the rebate application.
- To **file** rebate applications that I have completed **and to receive the rebate cheques** made payable to me.
The representative identified in this authorization must 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?

Yes 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.

Name (print)	Title																
Signature	<table border="0" style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">Year</td> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td colspan="5"></td> </tr> </table>									Year	Month	Day					
Year	Month	Day															

Part E – Cancelling the authorization

I cancel the authorization for the representative identified in Part B of this form to act on my behalf as of:

Year	Month	Day

Name (print)	Title																
Signature	<table border="0" style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">Year</td> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td colspan="5"></td> </tr> </table>									Year	Month	Day					
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Personal information is collected for purposes of the administration or enforcement of the Excise Tax Act, Part IX, and related programs and activities including administering tax, rebates, elections, audit, compliance, and collection. The information collected may be used or disclosed for the purposes of other federal acts that provide for the imposition and collection of a tax or duty. It may also be disclosed to other federal, provincial, territorial or foreign government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties or other actions. Under the Privacy Act, individuals have the right to: access their personal information, request a correction, or file a complaint to the Privacy Commissioner of Canada regarding the handling of the individual's personal information. Refer to Personal Information Bank CRA PPU 241 on Info Source at canada.ca/cra-info-source.

General information

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) and 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.

Owner

Complete this section if the claimant listed in Part A is not an individual. An owner is an individual with full authority for the business or organization. An owner can be an individual, a partner of a partnership, a director or an officer of a corporation or organization, a trustee of a trust, or an individual with delegated authority.

Part B – Third-party representative identification

If you are authorizing or cancelling third-party authorization for an individual, enter that person's full name. If the authorization or cancellation is for a firm, enter the name of the firm and the BN. If you list a firm as your third-party representative, you are giving us consent to deal with anyone from that firm.

Note

If the representative is not listed in the third-party section of the corresponding rebate application form, or this authorization form is incomplete or invalid, any applicable rebate cheque will be mailed to the claimant.

Part C – Period of authorization

Tick 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

Tick 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.

The claimant must sign and date this form.

Part E – Cancelling the authorization

Enter the date that you want to cancel this authorization. The claimant must sign and date this form.

Where do you send this form?

Send this form to:

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

What if you need help?

For more information, go to canada.ca/gst-hst or call 1-800-959-5525.

To get our forms or publications, go to canada.ca/gst-hst-pub.