



**Part 3 – Select the program accounts, fiscal years and authorization level (continued)**

**Details of program accounts and fiscal years**

Fill in this area **only** if you ticked box (c).

You **must** provide at least one program identifier and fill in the row (see the instructions for Part 3).

1. Enter a two letter program identifier from the list of supported program accounts.
2. Choose an option. Either tick the box "All reference numbers" for the program identifier **or** enter a specific reference number for the program identifier.
3. Provide the authorization level. Tick **either** "Authorization level 1" to allow the CRA to **only disclose** information **or** "Authorization level 2" to disclose information **and accept changes** to your program account.
4. Choose an option. Either tick the box "All fiscal years" to allow unlimited access **or** enter a specific fiscal year. If you choose option (b) for online access in Part 2 above, specific fiscal years authorization is **not** available.
5. **Optional.** You can also enter an expiry date to automatically cancel the authorization.

If more authorizations or more than four program identifiers are needed, fill in more RC59 forms.

Program identifier (two letters)	All reference numbers	or	Specific reference number (last four digits)	Authorization level (tick 1 or 2)	All fiscal years	or	Specific fiscal year (not available for online access) Year-end (YYYY-MM-DD)	Expiry date (YYYY-MM-DD)
<input type="text"/>	<input type="checkbox"/>	or	<input type="text"/>	<input type="checkbox"/> 1 or <input type="checkbox"/> 2	<input type="checkbox"/>	or	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	or	<input type="text"/>	<input type="checkbox"/> or <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"/> or <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"/> or <input type="checkbox"/>	<input type="checkbox"/>	or	<input type="text"/>	<input type="text"/>

**Part 4 – Cancel one or more authorizations**

Fill in this part **only** to **cancel** authorizations. For more information, see the instructions for Part 4.

- A.** Cancel **all** authorizations for **all** accounts.
- B.** Cancel **all** authorizations, only for the individual, group, or firm identified below.
- C.** Cancel **all** authorizations, only for the following 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:

RepID:  Name of individual: \_\_\_\_\_  
 or  
 GroupID:  Name of group: \_\_\_\_\_  
 or  
 BN:  Name of firm: \_\_\_\_\_

**Part 5 – Certification**

You **must sign and date** this form. The CRA **must** receive this form **within six months** of the date it was signed or it will **not** be processed. This form **must only** be signed by an individual with **proper authority** for the business, for example, an owner, a partner of a partnership, a corporate director, a corporate officer, an officer of a non-profit organization, a trustee of an estate, or an individual with delegated authority. An **authorized representative cannot** sign this form **unless** they have **delegated authority**. If the name of the individual signing this form does not **exactly match** CRA records, this form will not be processed. Forms that cannot be processed, for any reason, will be returned to the business. To avoid processing delays, you **must** make sure that the CRA has complete and valid information on your business files **before** you sign this form.

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 in a manner based on the level of authorization provided in Part 3 **or** cancel an authorization listed in Part 4. We may contact you to confirm the information you have provided. For more information, see the instructions for Part 5.

The individual signing this form is:

- an owner                       a partner of a partnership                       a corporate director                       a corporate officer
- an officer of a non-profit organization                       a trustee of an estate                       an individual with delegated authority

First name: \_\_\_\_\_ Last name: \_\_\_\_\_  
 Title: \_\_\_\_\_ Telephone number: \_\_\_\_\_

I certify that the information given on this form is correct and complete.

Signature:  Date (YYYY-MM-DD):