Canada Revenue Agency | Agence du revenu du Canada

Alternative Address Authorization

Complete this form to authorize us to mail your notice of assessment and your refund cheque (if applicable) to an alternative address. **This authorization is valid for the current tax year only.** You will have to submit a new authorization form each year you want to use this service. **Do not** use this form if your current mailing address is care of a public trustee.

You must attach this form to your return for the current tax year.

We will **not** use this authorization to mail your goods and services tax/harmonized sales tax credit payments, Canada child tax benefit payments (including certain related provincial and territorial payments), universal child care benefit payments, working income tax benefit, correspondence, or notice of reassessment to an alternative address.

You **cannot** use this form if:

- you were bankrupt at any time in the tax year;
- your tax return is being submitted by a discounter;
- you are filing a return for a tax year other than the current one;
- you are a non-resident filing an *Old Age Security Return of Income*; or
- you are filing returns for other years at the same time.

By signing this form, you remove us from any responsibility for the use or disclosure of information contained on your notice of assessment, and for any misappropriation of your refund.

Tax year ▶

Taxpayer information

Your first name	Your last name	Social insurance number

1 ☐ Tick this box to have **both** your notice of assessment and any refund resulting from that assessment mailed to the alternative address indicated below.

Note: For this refund only, we will ignore any direct deposit information we have on file and mail a cheque to the alternative address indicated below.

or

2 ☐ Tick this box to have **only** your notice of assessment mailed to the alternative address given below.

Note: We will deposit your refund (if applicable) into your bank account according to the direct deposit information we have on file. If we cannot deposit your refund into your bank account, we will mail a cheque to the alternative address given below.

Alternative address

c/o (if applicable) If an **individual**: First name	Last name	
or if a **business**: Name of business		
Mailing address: Apt No – Street No Street name	PO Box	RR
City	Province/Territory	Postal code
Country, State, and Zip code (if outside Canada)		

Authorization

By signing this form, you authorize the Canada Revenue Agency to mail your notice of assessment, and any refund resulting from that assessment that is not being deposited directly into your bank account, to you at the alternative address shown above.

Signature	Telephone number – –	Date

This form will not be processed unless it is attached to your return.

Privacy Act, Personal Information Bank number CRA PPU 005

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

Canada

DRAFT