



Direct Deposit Request for Businesses

Use this form for one of the following reasons:

- **start** to have your refunds and rebates deposited directly into your bank account at a Canadian financial institution; **or**
- **change** the direct deposit information that you have already given us.

You can use this form to start direct deposit if:

- you are filling in a refund or rebate application (attach this form to your refund or rebate application); **or**
- you have a business number and at least one of the program accounts listed on the back of this form.

Once filled in, send this form to your tax centre. For more information, go to www.cra.gc.ca/taxcentre or www.cra.gc.ca/directdeposit.
A business owner can manage direct deposit information through "My Business Account" at www.cra.gc.ca/mybusinessaccount.

Part A – Business information

Name of business _____

Business number (BN) _____

Part B – Direct deposit routing information – Fill in either option 1 or option 2, not both.

Option 1. All amounts from all program accounts into one bank account. Fill in this option if you want the direct deposit of **all** refunds and rebates from **all** program accounts, including the primary account and all division or branch accounts, to be deposited in **one** bank account.

Tick one box only

Start **or** Change

Complete the banking information area below.

Branch No. Institution No. Bank account No.

OR

Option 2. Amounts from specific program accounts into specific bank accounts. Fill in this option to have refunds or rebates for one or more specific program accounts deposited into a specific bank account.

GST/HST program account (RT)

RT

More **RT** accounts below or attached.

Start **or** Change

Branch No. Institution No. Bank account No.

Payroll deductions program account (RP)

RP

More **RP** accounts below or attached.

Start **or** Change

Branch No. Institution No. Bank account No.

Corporation income tax program account (RC)

RC

Only one **RC** account can be active at a time.

Start **or** Change

Branch No. Institution No. Bank account No.

Other program accounts

For other program accounts, write the name and the two letters and last four digits of the program account in the spaces provided. For more information on which program accounts you can enter, read the **information and instructions** on page 2.

Name of the program account: _____

Two letters and four digits

More accounts below or attached.

Start **or** Change

Branch No. Institution No. Bank account No.

Name of the program account: _____

Two letters and four digits

More accounts attached.

Start **or** Change

Branch No. Institution No. Bank account No.

Part C – 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, 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 deposit payments directly into the accounts shown in Part B.

The individual signing this form is:

- | | | |
|---|--|---|
| <input type="checkbox"/> an owner | <input type="checkbox"/> a corporate director | <input type="checkbox"/> a trustee of an estate |
| <input type="checkbox"/> a partner of a partnership | <input type="checkbox"/> an officer of a non-profit organization | <input type="checkbox"/> 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):

