



**Application and Agreement to Obtain a Discounter Code / Discounter Direct Deposit Enrolment**

Complete this form using the instructions in the T4163, *Guide for Discounters*.

<b>Part A</b> Tick (✓) the appropriate box: <input type="checkbox"/> First request <input type="checkbox"/> Change	<b>Part B</b> Discounter code
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**Part C**  
 Discounter's name (as it will appear on the notice of assessment)

<b>Part D</b> Permanent mailing address	Discounting operation address
Telephone number	Telephone number

<b>Part E</b> Legal business name	EFILE number
	Business number

**Part F**  
 In which official language do you want to receive correspondence?     English     French

**Part G**  
 Name(s) and social insurance number(s) of the proprietor, branch manager, partner, director, officer, controlling shareholder and any person having management and control of any of the applicants (example: district or regional manager). If you need more space below, attach a separate sheet of paper. All names listed on the EFILE application must be the same names identified in this part.

**Part H**  
 Type of business – Indicate which type of business that this discounter code is being requested for. Tick (✓) the appropriate box:

1.  Company-owned location/Corporation    3.  Agent location    4.  Sole proprietorship    5.  Partnership

2.  Franchise location (provide parent company's name)    ► \_\_\_\_\_

**Part I**

**Certification and agreement**

I certify that the information given on this form and in any attached documents is correct and complete. The business, including without limitation, its officers, directors and employees will comply with all provisions of the *Tax Rebate Discounting Act*, the Canada Revenue Agency (CRA) procedures and policies contained in the Guide for Discounters as well as the information for discounters webpage on the CRA website at [www.cra.gc.ca/discounters](http://www.cra.gc.ca/discounters). The business, including without limitation, its officers, directors and employees shall ensure that they take such actions as are necessary to keep themselves informed of any changes to these procedures and policies by consulting our webpage on a regular basis, but in any event no less often than quarterly.

I acknowledge having read and understood the terms and conditions described in the Guide for Discounters that is available on the CRA website at [www.cra.gc.ca/discounters](http://www.cra.gc.ca/discounters) and I understand that false statements or non-compliance with this agreement may result in immediate suspension of my discounter code. I am authorized to complete and sign this form, and I personally accept responsibility for matters related to the discounting activities of this location.

\_\_\_\_\_

Discounter's name (print)
Signature
Date

**Do not use this area.**

Date received	Discounter code	Date processed
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**Discounter Direct Deposit Enrolment Request**

The Government of Canada is moving to direct deposit payments. Complete this portion to start direct deposit or to update your banking information.

**Part J**

Tick (✓) appropriate box:



First request

Change

**Part K**

Complete the banking information boxes below and attach a personalized cheque for your Canadian bank account with "VOID" written on it or deposit slip to confirm the banking information, otherwise the enrolment form will not be accepted.

Name P.O. Box City, Canada H0H 0H0	Cheque no. <b>0000999</b>
Pay to the order of _____	Date _____
<b>VOID</b>	\$ _____
_____ Dollars	_____ Signature

1

2

3

4

▶ This is the cheque number (do not enter this number)

▶ This is the branch number (5-digit number)

▶ This is the institution number (3-digit number)

▶ This is the account number

Branch no.	Inst. no.	Account no.

**Part L**

Do you wish to receive consolidated refunds?



Yes

No

**Part M****Agreement**

I, the undersigned, understand and agree that the completion of the direct deposit portion of this form authorizes the receiver general for Canada to deposit all income tax refunds discounted under the discounter code assigned to the discounting operation address provided on this form into the banking account provided above.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of discounter

Privacy Act, personal information bank number CRA PPU 005 and CRA PPU 175

Once you complete this form, send it to:

**Discounter Services  
Canada Revenue Agency  
750 Heron Road  
Ottawa ON K1A 0L5**