



Bank Remitted Payments Adjustment Form

Part I – Routing information

Date _____

Financial Institution Processing Centre

Name _____

Address _____

Contact name _____

Telephone number _____

Fax number _____

Control number _____

Canada Revenue Agency (CRA) Program

GST/HST Excise Customs Taxation

(should be the same program as the original deposit)

**RC506 forms are to be sent to:
Sudbury Tax Centre
Attn: Corporate Suspense
Fax: 705-671-0389**

Contact name _____

Telephone number _____

Part II – Adjustment details

Bank authorization number (BAN) **122** _____

Adjustment amount \$ _____ Debit Credit

Original deposit date _____ Total deposit amount \$ _____

Client's name _____ Account number _____

Reason(s) for adjustment _____

Fax this information to the Sudbury Tax Centre. Please ensure to include all relevant documentation.

Date received _____

Part III – Authorization for adjustment (to be completed by CRA only)

The Financial institution identified above is hereby authorized to process the following adjustment to the Receiver General's concentrator account.

Adjustment amount \$ _____ Debit Credit

Authorization date _____ Authorization by _____

Signature _____

Part IV – Confirmation of adjustment (to be completed by Financial Institution)

In accordance with the above authorization, this is to certify that an adjustment has been made to the Receiver General's concentrator account.

Bank authorization number (BAN) **122** _____ Date of the adjustmet _____

Adjustment amount \$ _____ Debit Credit

Name _____ Signature _____

Fax this information to the Sudbury Tax Centre.