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

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

Part A		Part B			
Tick (✓) the appropriate box: First request Change		Discounter code			
Part C					
Discounter's name (as it will appear on the notice of assessment)					
Part D					
Permanent mailing address		Discounting operation address			
Telephone number		Telephone number	Telephone number		
Email address					
Part E					
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 the type of business for which this discounter code is being requested for. Tick the appropriate box:					
1. Company-owned location/Corporation 3. Agent location (N/A) 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 canada.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 canada.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		

Discounter Direct Deposit Enrolment Request

Part J
Tick (✓) the appropriate box: First 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 A9A 9A9
Pay to the order of\$
Dollars
Signature
1 2 3 4 This is the account number This is the institution number (3-digit number) This is the branch number (5-digit number) This is the cheque number (do not enter this 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 deposi 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

Discounter information is collected under the authority of the Canada Revenue Agency Act in support of the administration or enforcement of the Tax Rebate Discounting Act. It may be used for any purpose related to the Act. Failure to provide information on this form could result in rejection of your application for a discounter code. Purposely providing incorrect information may result in the suspension of your discounter code. Personal information is described in Discounters Program CRA PPU 212 and is protected under the Privacy Act. Individuals have a right of protection, access to and correction or notation of their personal information. Please be advised that you are entitled to complain to the Privacy Commissioner of Canada regarding our handling of your information.

After filling out the form, you must submit it electronically at canada.ca/taxes-representatives. To contact Discounter Services, email us at DISCOUNTERG@cra-arc.gc.ca.