

Ministry of the Attorney General 33 King St W PO Box 645 Oshawa ON L1H 8X1

## Instructions

Complete this Request to **Authorize or Cancel a Representative** form to authorize a representative to communicate with the ministry on your behalf about matters relating to your application to set up or update child support. This form can be used to cancel a previous authorization.

## **Important Information**

Your personal information is confidential. In order for another individual (such as your spouse, common-law partner or family member) to contact the ministry about your account(s), you need to provide that individual with the authorization to do so. Complete Parts A, B and C of this form, which provides authorization for another individual to contact the ministry about your account(s).

When you authorize an individual to communicate on your behalf, that individual may contact the ministry for the purposes of updating your address or phone number, or enquiring about your account and the program(s) you are enrolled in. This may be helpful if you are unable or unavailable to contact the ministry yourself.

Your authorization will stay in effect until you cancel it. You can cancel an existing authorization by completing Parts A, B and D of this form.

If you wish to change the individual you have authorized, you need to complete a new request form to update your authorization.

If you need more information or further assistance in completing this form call, toll-free:

Telephone - 1-866-656-7753 TTY (Teletypewriter) - 1-800-263-7776

Mail your completed and signed request form to:

Ministry of Attorney General Child Support Service

33 King Street West PO Box 645 Oshawa ON L1H 8X1

Refer to the website for more information about the **Child Support Service**: www.ontario.ca/childsupport



Ministry of the Attorney General 33 King St W PO Box 645 Oshawa ON L1H 8X1 1-866-656-7753 (toll free) 1-800-263-7776 (TTY-Teletypewriter)

## Request to Authorize or Cancel a Representative Child Support Service

Ministry Use Only - Date Received

Complete this form to authorize a representative to act on your behalf communicating on child support matters with the Child Support Service, as administered by the Ministry of Finance. Please read the instructions.

Identification Number	Identification No.
(your unique number issued during online registration)	

A Client Informat	ion							
Last Name				First Na	First Name		Middle Name	
Mailing Address   Unit/Apt./Suite No. Street Number Street Name						PO Box/R.R./Postal Stn		
City/Town					Province		Postal Code	
Telephone Number		Alternate Telephone Numb			Email Address (if available)			
B Representative	Information	า			•			
Last Name				First Na	First Name		ime	
Mailing Address Unit/Apt./Suite No.	Street Numb	er	Street Name	I			PO Box/R.R./Postal Stn	
City/Town					Province		Postal Code	
Telephone Number Alternate Telephone Nun			umber	Email Address (if available)				
C Authorize a Re	presentative	e (Impor	tant: this form	must be s	igned in order to process y	our request)	1	
I authorize the abo support under the			ive to communi	cate on my	behalf with the Ministry of Fina	ance about m	atters relating to my child	
			Signature of Client		[	Date (yyyy/mm/dd)		
D Cancel a Repre	esentative							
I cancel a previou	s authorizatior	n that per	mitted the abov	e-named re	presentative to communicate	on my behalf		
Name of Client Sig			Signature of Client		Ľ	Date (yyyy/mm/dd)		
General (MAG), the Far Agency (CRA), the supp information contained in	nily Responsibili port payor and the notice of ch	ity Office ( ne support nild suppor	FRO), which is a recipient for the provide the formation the provided the second second second second second second second second	part of the M purpose of th Iculation may	erviceOntario (SO), the Ministry o inistry of Children, Community and e administration of the Service an v also be made public as part of FI out limitation, determining child su	d Social Service d enforcement RO's enforceme	es (MCCSS), Canada Revenue of support. Any personal ent of the support obligation.	

issuing letters and notices, and responding to inquiries.

MAG's authority to collect the information is section 69 (6) and (8) of the *Family Law Act*. FRO's authority to collect the information is section 61 of the *Family Responsibility and Support Arrears Enforcement Act*, 1996. MOF's authority to collect, use and disclose information is s. 11.2 and 11.3 of the *Ministry of Revenue Act* which authorizes MOF to assist MAG in administering the online Child Support Service. The information will only be used and disclosed for the purpose of administering the service. For more information about this collection, please contact the Child Support Service, 33 King St. W. PO Box 645 Station A, Oshawa, Ontario L1H 8X1, 1-866-656-7753.