BC Family Maintenance Agency

BC Family Maintenance Agency (BCFMA)
Third Party Authorization Form

The personal information you provide on this form will be used for the purpose of administering and collecting your maintenance order/agreement. The collection of personal information follows the provisions of the *Family Maintenance Enforcement Act* and Sections 26(a) through (g), Section 32, and 33(3)(h) of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the handling of your personal information, please refer to BC Family Maintenance Agency's (BCFMA) privacy statement on our website, contact our office at 1-866-557-2427, or write to Box 9216, Victoria, BC V8W 9J1.

Please complete this form to give a person or organization ("third party") permission to contact BCFMA about your case(s).

Client Information

Name	BCFMA Case ID(s)
Mailing Address	Phone Number(s)

Third Party Information

Agency Name (if applicable)	Individual Name (if applicable)
Mailing Address	
Relationship to Client	Phone Number(s)

Type of Authorization

There are two types of authorization. You can choose one or both options, depending on how much authority you want your representative to have.

☐ A. Information Only Authorization

The third party can:

- Ask questions about your case
- Receive information about you and your case

Limitations (optional):

(Examples of possible limitations: authorized for one case, authorized for only 90 days, etc.)

☐ B. Full-Service Authorization

The third party can:

- Ask questions and receive information about you and your case
- Provide information and documents for you
- Respond to BCFMA for you

- Make decisions on your case that will apply to you (for example, set up payment arrangements)
- Request services for you

The third party **cannot**:

- Sign documents that require your consent
- Change your personal details (such as your address or bank account) without your approval
- Act outside what you have authorized on this form

Limitations (optional):

(Examples of possible limitations: authorized for one case, authorized to make decisions for 90 days, etc.)

Terms and Conditions

By signing this form:

- You authorize the third party to act on your behalf based on what you selected, and within any limits you listed
- You agree to give the third party your case ID and PIN so they can confirm their identity when contacting BCFMA for you
- This authorization starts on the date you sign this form
- You can cancel this authorization at any time by contacting BCFMA
- BCFMA may limit or remove the third party's access if needed (for example, misuse or inappropriate behaviour)
- A copy of this form is as valid as the original

Client Consent

I understand and agree to the terms of this authorization.

Signature	Print Name
	Date

Submitting Your Form

Submit your completed form by one of the following:

- **Mail**: BC Family Maintenance Agency, PO Box 9216, Victoria, BC V8W 9J1
- **Fax**: 250-220-4050
- **Online**: Sign in to your BCFMA My Account and attach the form to a message