Authorization/Cancellation request – signature page

Instructions:

1. Have the taxpayer or legal representative sign and date this page.
2. Retain a copy of the signed and dated signature page in your files for six years from the date that this information is transmitted to the CRA. Do not send us the signature page by mail or fax unless requested to do so.

Representative information

Rep ID

First name: _____ Last name: _____

Group ID

G

Group name: _____

Business number (BN)

8 0 5 2 3 3 0 6 1

Business name: Sternat & Associates Chartered Professional Accountants Inc.

Taxpayer information

Social insurance number

First name: _____ Last name: _____

Authorization information

Level of authorization (level 1 or 2): 2

Expiry date (optional) Year Month Day

Cancellation information

Complete this section to cancel your representative(s) and remove their access to your information. Check the appropriate box.

☐ Cancel **all** representatives

or

☐ Cancel the representative listed below:

Rep ID

First name: _____ Last name: _____

Group ID

G

Group name: _____

Business number (BN)

Business name: _____

Signature information

☐ Check if signed by the **legal representative** (power of attorney, legal guardian or parent of a taxpayer under the age of 16).

_____

Name of taxpayer or legal representative

Certification

By signing and dating this page, you authorize the Canada Revenue Agency to interact with and/or cancel the representative(s) mentioned above.

X _____

Signature of taxpayer or legal representative

Year Month Day

Date of signature