

## Authorization/Cancellation request - Signature page

1. Tax payer or legal representative sign and date this page.
2. Retain a copy of the signed and dated signature page in your files for 6 years from the date that this information is transmitted to the CRA. Do not send CRA the signature page unless requested to do so.

### **Taxpayer information**

Social insurance number: \_\_\_\_\_

First/middle name: \_\_\_\_\_ Last name: \_\_\_\_\_

### **Authorization information**

Representative identifier: \_\_\_\_\_

Rep. first/middle name: \_\_\_\_\_ Rep last name: \_\_\_\_\_

Group identifier: \_\_\_\_\_

Group name: \_\_\_\_\_

Business Number: \_\_\_\_\_

Business name: \_\_\_\_\_

Level of authorization: \_\_\_\_\_ Expiry date: \_\_\_\_\_  
(1 - read-only) (expires until cancel if blank)

### **Cancellation information**

Cancel all representative

Cancel representative specified below

Representative identifier: \_\_\_\_\_

Rep. first/middle name: \_\_\_\_\_ Rep last name: \_\_\_\_\_

Group identifier: \_\_\_\_\_

Group name: \_\_\_\_\_

Business Number: \_\_\_\_\_

Business name: \_\_\_\_\_

### **Signature information**

Legal representative (check if it applies):

Name of tax payer or legal representative: \_\_\_\_\_

### **Signature information**

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_