

PLEASE COMPLETE THE HIGHLIGHTED FIELDS AND RETURN WITH YOUR TAX PACKAGE

Authorization/Cancellation request – Signature page

- Print this page and have it signed and dated by the taxpayer or legal representative
- Retain a copy of the signed and date signature page in your files for six years from the date that this information is transmitted to the CRA. Do not send the signature page by mail or fax unless request to do so.

Representative information

REP ID <input type="text"/>	First name : <input type="text"/>	Last name: <input type="text"/>
Group ID <input type="text"/>	Group name <input type="text"/>	
Business number (BN) <input type="text"/> 122660467	Business name (BN) <input type="text"/> Crowe MacKay LLP	

Taxpayer information

SIN <input type="text"/>	First name : <input type="text"/>	Last name: <input type="text"/>
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Authorization information

Level of authorization: <input type="text"/> Level 2	<input type="text"/>
Expiry date: <input type="text"/>	

Cancellation information

<input type="checkbox"/> Cancel all representatives	<input type="checkbox"/> Cancel specific representative	
Rep ID <input type="text"/>	First name : <input type="text"/>	Last name: <input type="text"/>
Group ID <input type="text"/>		
Business number (BN) <input type="text"/>	Business name (BN) <input type="text"/>	

Signature information

<input type="checkbox"/> Legal representative signature
Name of taxpayer or legal representative: <input type="text"/>

Certification

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

Signature: <hr/> X	 SIGN HERE
Signature of taxpayer or legal representative <input type="text"/>	
Date: 2020-04-01	