

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 : _____	Last name: _____
Group ID <input type="text"/>	Group name _____	
Business number (BN) 748792215	Business name (BN) Kars CPA Professional Corporation	

Taxpayer information

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

Level of authorization:	<input type="text" value="Level 2"/>
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 : _____	Last name: _____
Group ID <input type="text"/>		
Business number (BN) <input type="text"/>	Business name (BN) _____	

Signature information

<input type="checkbox"/> Legal representative signature
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.

 Signature: X _____ Signature of taxpayer or legal representative
 Date: _____

Postal Address: _____

Email Address: _____

Date of Birth: (YYYY/MM/DD) _____ Phone Number: (_____) _____ - _____