

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

| | | |
|--|---|------------------------------------|
| RepID <input type="text"/> | First name: <input type="text"/> | Last name: <input type="text"/> |
| GroupID <input type="text"/> | Group name: <input type="text"/> | |
| Business number (BN) <input type="text" value="131064008"/> | Business name: <input type="text" value="INCOME TAX PLUS INC."/> | |

Taxpayer information

| | | |
|-----------------------------|-------------------------------------|------------------------------------|
| SIN <input type="text"/> | First name: <input type="text"/> | Last name: <input type="text"/> |
|-----------------------------|-------------------------------------|------------------------------------|

Authorization information

Level of authorization:

Expiry date:

Cancellation information

☐ Cancel **all** representatives

☐ Cancel specific representative

| | | |
|--|--|------------------------------------|
| RepID <input type="text"/> | First name: <input type="text"/> | Last name: <input type="text"/> |
| GroupID <input type="text"/> | | |
| Business number (BN) <input type="text"/> | Business name: <input type="text"/> | |

Signature information

☐ 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.

**Sign
Here**

X

DATE