

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 3 8 4 3 6 5 1 7	Business name: <u>Anni Markmann Financial Services Inc / Ste Anne Tax Service</u>	

Taxpayer information

Social insurance number _ _ _ _ _ _ _ _ _ _	First name: _____	Last name: _____
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Authorization information

Level of authorization (level 1 or 2): <input style="width: 40px; text-align: center;" type="text" value="2"/>	Expiry date (optional) <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">Year</td> <td style="text-align: center; font-size: small;">Month</td> <td colspan="9" style="text-align: center; font-size: small;">Day</td> </tr> </table>													Year	Month	Day								
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