

## 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: <u>XXXXXXXXXXXXXXXXXXXXXXXXXX</u>	Last name: <u>XXXXXXXXXXXXXXXXXXXXXXXXXX</u>
Group ID G  _ _ _ _ _ _ _ _ _	Group name: <u>XXXXXXXXXXXXXXXXXXXXXXXXXXXX</u>	
Business number (BN) 8  _ 3 8 4 3 6 5 1 7	Business name: <u>Anni Markmann Financial Services Inc</u>	

**Taxpayer information**

Social insurance number  _ _ _ _ _ _ _ _ _	First name: <u>X</u>	Last name: <u>X</u>
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**Authorization information**

Level of authorization (level 1 or 2): <span style="border: 1px solid black; padding: 2px 5px;">2</span>	Expiry date (optional)						
	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">Year</td> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> </tr> <tr> <td style="text-align: center;"> _ _ </td> <td style="text-align: center;"> _ </td> <td style="text-align: center;"> _ </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).

X X \_\_\_\_\_  
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 _____	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">Year</td> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> </tr> <tr> <td style="text-align: center;"> _ </td> <td style="text-align: center;"> _ </td> <td style="text-align: center;"> _ </td> </tr> </table>	Year	Month	Day	_	_	_
Year	Month	Day					
_	_	_					
Signature of taxpayer or legal representative	Date of signature						