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		
Group ID	First name:	Last name:
G	Group name:	
7 1 6 0 8 8 4 0 6	Business name:	CIS Income Tax & Accounting Service
Taxpayer information		
Social insurance number		
	First name:	Last name:
L		
Authorization information—		
		Year Month Day
Level of authorization (level 1 or 2):	2	Expiry date (optional)
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		
$G \mid I \mid I \mid I \mid I$	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.		
		Year Month Day
X		
Signature of taxpayer of	r legal representative	Date of signature