

## 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="830781381"/>	Business name: <input type="text" value="True North Disability Services Ltd"/>	

### Taxpayer information

SIN _____	First name: _____	Last name: _____
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### Authorization information

Level of authorization:	<input type="text" value="Level 2"/>
Expiry date:	_____

### Cancellation information

Cancel **all** representatives

Cancel specific representative

RepID _____	First name: _____	Last name: _____
GroupID _____		
Business number (BN) _____	Business name: _____	

### 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.

Signature:  \_\_\_\_\_

Date: \_\_\_\_\_