

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

Group name:

Business number (BN)

Business name: Black's Financial Planning Services Inc.**Taxpayer information**

Social insurance number

First name: Last name: **Authorization information**

Level of authorization (level 1 or 2):

Expiry date (optional)

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

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