Authorization/Cancellation request – Signature page

Representative information

RepID

First name:

Last name:

GroupID

Group name:

Business number (BN)
711996686

Business name:
Deakin CPA Professional Corporation

Taxpayer information

SIN

First name:

Last name:

Authorization information

Level of authorization: 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: X

Date: