

Business Consent Authorization Request - Signature Page

Instructions:

1. Print this page and have it signed and dated by the authorized person of the business.
2. Retain a copy of the signed and dated authorization request in your files for six years from the date that this information is transmitted to the Canada Revenue Agency (CRA). Do not send the authorization request to CRA by mail or fax unless requested to do so.

I authorize the representative mentioned below:

Individual Representative ID: XXXXXXXXXXXXXXXXXXXX

Organization Firm BN: 821587060

Group Group ID: XXXXXXXXXXXXXXXXXXXX

Representative phone number: 1 (604) 678-2937

To represent the following business:

Business name: _____

Business number:

--	--	--	--	--	--	--	--	--	--

Level of Authorization: 02 Update and view

Expiry date (Optional): _____

List of authorization(s) - If blank, the authorization is for all accounts.

Program Identifier	Reference number

Certification

By signing and dating this page, you authorize the Canada Revenue Agency to interact with the representative mentioned above

First name: _____ Last name: _____

Signature: _____

Date signed: **2024-** _____

YYYY MM DD

Telephone number: (604) 678-2937 (MrTaxes.ca Inc)

