

## Authorization Request – Signature page

- Have this signature page signed and dated by the authorized signing officer of the business.
- Keep a copy of the signed and dated signature page in your files for six years from the date this information is transmitted to the CRA.  
Do not mail or fax the signature page unless you are requested to do so.

Representative ID **OR** Group ID **OR** Firm BN:

BN: 701754673

Representative name:

YS Accounting and Tax Services, Inc.

Representative phone number:

1            905-454-8744            Extension: \_\_\_\_\_

Business number:

\_\_\_\_\_

Business name:

Level of authorization:

Delegate authority, update and view **(level 3)** authorization applied to **all** program accounts and **all** fiscal years.

Expiry date:

\_\_\_\_\_

List of authorization(s):

Certified:

## 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: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Extension: \_\_\_\_\_