

Business Consent Authorization request – signature page

Enable printing and EFILE of this authorization request

Select "EFILE the Business Consent" under the "EFILE" menu to file this authorization.

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: _____ First name: _____ Last name: _____
 Organization Firm BN: 830785127 Business name: Sterling Stanford, Chartered Professional Accountant
 Group Group ID: G Group name: _____

Representative phone number:

Country code	Area code	Telephone number
1	(250)	480-0558

 Extension: _____

To represent the following business:

Business name: _____

Business number: _____

Level of Authorization: 02

- 01: View only (level 1) authorization allows the CRA to only disclose information on the program accounts.
02: Update and view (level 2) authorization allows the CRA to disclose information and accept changes to the program accounts.
03: Delegate authority, update, and view (level 3) authorization allows adding of other representatives and allows the CRA to disclose information and accept changes to the program accounts

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: _____

Telephone number: () - _____