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 transmission date to the CRA. Do not send us the authorization request by mail or fax unless requested to do so.

Representative information

You **must** enter all the information for **only one** of the following options:

- the RepID, representative name **and** its telephone number;
- the GroupID, group name **and** its telephone number; **or**
- the BN, firm name **and** its telephone number.

RepID

Representative name

GroupID

G

Group Name

Business number (BN)

8 9 3 3 4 1 5 8 6

Firm Name Eclipse LLP

Country code* 001 **Telephone number:** (250) 785-5645 **Ext:**

***** 3 digit international calling country code (Canada = 001)

Business information

Business name Business Number (BN)

Level of authorization and expiry date

Choose **only one** of the following three choices. Tick **one** box, either (**a**), (**b**) **or** (**c**) **and** enter information as needed.

☐ **Level 1** - View only authorization allows the CRA to **only disclose** information on the program accounts.

☐ **Level 2** - Update and view authorization allows the CRA to **disclose information** and **accept changes** to the program accounts.

☐ **Level 3** - (**Only** available to electronic filers with a RepID) Delegate authority, update, and view authorization allows **adding of other representatives** and allows the CRA to **disclose information** and **accept changes** to the program accounts.

Enter an **expiry date** for the authorization level selected above. If the expiry date field is left blank, the authorization does not expire.

Expiry date (YYYY-MM-DD)

List of authorizations

1. Complete the table below to select the accounts to which you wish to gain access.
2. **Select all program accounts and reference numbers** - Tick this box if you wish to gain access to **all** program accounts and **all** reference numbers. If you tick this box, do **not** complete columns 2 or 3.
3. **Program identifier** - Select the program to which you wish to gain access.
4. **Specific reference number** - This refers to the last 4 digits of the program identifier you selected in column 2 (for example, 0001, 0002). If the program identifier is entered and specific reference number is left blank, it means the authorization is for all reference numbers for that specific program identifier.

1 **Select all program accounts and reference numbers**	2 **Program identifier** (two letters)	3 **Specific reference number** (last four digits)
☐		

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 (YYYY-MM-DD):