

Authorization Request - Signature page

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 signature page in your files for six years from the date that this information is transmitted to the CRA.
Do not send us this signature page by mail or fax unless requested to do so.

Representative ID **OR** Group ID **OR** Firm BN: BN: 895234748

Firm name: M. I. ProAccounting Ltd.

Representative phone number: 1 (403) 275-1572 Extension:

Business number:

Business name:

Level of authorization: Update and view (level 2).

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: