



Cancel Authorization for a Representative

Representatives

If you have **online access** to your client's information, you may go to **canada.ca/cra-login-services** and sign in to Represent a Client to cancel your authorization.

Individuals, trustees, and businesses

As an individual, trustee, or business, you can **view, add, or modify an authorized representative online** using our online services at **canada.ca/cra-login-services**.

Use this form to cancel authorization for an existing representative to communicate on your behalf with the Canada Revenue Agency (CRA). For more information, see **When to use this form** on page 3.

Step 1 – Account information

Use this section to identify all of the tax accounts to which you want to cancel your representative's access. Provide **both** the account number and name for each account.

SIN, TTN, or ITN _ _ _ _ _ _ _ _ _ _ _ _	First name _____	Last name _____
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Trust account number T _ _ _ _ _ _ _ _ _ _ _ _	Trust name _____
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Non-resident account number N R _ _ _ _ _ _ _ _ _ _ _ _	Non-resident account name _____
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If you identified a non-resident account number and have an associated CRA identifier, please provide it here:

Other CRA identifier* _ _ _ _ _ _ _ _ _ _ _ _	Type of CRA identifier (SIN, TTN, ITN, trust account number, or business number) _____
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* Note that providing your other CRA identifier will not cancel authorization for that account.

Business number _ _ _ _ _ _ _ _ _ _ _ _	Business name _____
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If you provided a business number, choose **one** of the following **business options**:

Option 1 – Remove access to **all** my business number program accounts

Option 2 – Remove access to **specific** business number program accounts

For a **list of supported program identifiers**, see page 3.

Program identifier (two letters)	All reference numbers	or	A specific reference number (four digits)
_ _	<input type="checkbox"/>	or	_ _ _
_ _	<input type="checkbox"/>	or	_ _ _

Step 2 – Representative information

Choose **one** of the following options and fill in the required information:

Option 1 – I am cancelling authorization for a specific individual

First name _____	Last name _____
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Option 2 – I am cancelling authorization for a firm

Firm name _____

Option 3 – I am cancelling authorization for all representatives