2024 ACCOUNTS PAYABLE

RETAINAGE RELEASE FORM

AUTHORIZED SIGNATURE LIST

Effective Date: January 1, 2024

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Agency Name |  |  |
|  |  |  |  |  |
| Principle Contact Person |  | Mailstop |  | Telephone Number |
|  |  |  |  |  |
| Secondary Contact Person |  | Mailstop |  | Telephone Number |

**THE FOLLOWING EMPLOYEES ARE AUTHORIZED TO SIGN** in the capacity of “Auditing Officer”, per RCW 42.24.080 for Payment Certification on the **REQUEST FOR CONTRACTOR RETAINAGE RELEASE FORM** and to authorize payment from all accounting records which are under the jurisdiction of the designated organization. Authorized signers must be regular employees. **(ELECTRONIC SIGNATURE ALLOWED)**

**List ALL Authorized Signers:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1** |  |  |  |  |  |
|  | Typed Name |  | Typed Title |  | Telephone Number |
|  |  |
|  | Signature |
| **2** |  |  |  |  |  |
|  | Typed Name |  | Typed Title |  | Telephone Number |
|  |  |
|  | Signature |
| **3** |  |  |  |  |  |
|  | Typed Name |  | Typed Title |  | Telephone Number |
|  |  |
|  | Signature |
| **4** |  |  |  |  |  |
|  | Typed Name |  | Typed Title |  | Telephone Number |
|  |  |
|  | Signature |
| **5** |  |  |  |  |  |
|  | Typed Name |  | Typed Title |  | Telephone Number |
|  |  |
|  | Signature |

(add second page for additional signers and renumber lines beginning with line number 6. Each page must be signed by the Director)

**APPROVED BY: (ELECTED OFFICIAL OR AGENCY DIRECTOR / MANAGER)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  | Typed Name |  | Typed Title |  | Telephone Number |
|  |  |
|  | Signature |

King County Finance & Business Operations Division / Accounts Payable Mail Stop: CNK-ES-0323

Updated 12/22/23