Commonwealth of Virginia
Bank of America Agency Airline Travel Card (ATC)
Employee Agreement

I, _____, acknowledge receipt of a Bank of America Visa Agency Airline Travel Card (ATC). As a Cardholder, I agree to comply with the following terms and conditions regarding my use of the Card.

1. I understand that I am being entrusted with a valuable tool to purchase airline and mass rail purchases and will be making financial commitments on behalf of my agency and will strive to obtain the best value for the agency.

2. I understand that my agency is liable to Bank of America for all authorized charges made on the Card.

3. I agree to use this Card for official state business for airline and rail purchases **only** and agree not to charge personal purchases. I understand that my agency will review the use of this Card and the related management reports and take appropriate action on any discrepancies.

4. I will follow the established procedures for the use of the Card. Failure to do so may result in either revocation of my privileges or other disciplinary actions, up to and including termination of employment.

5. I agree to return the Card immediately upon request or upon termination of employment (including retirement).

6. If the Card is lost or stolen, I agree to notify Bank of America and the Agency Travel Program Administrator immediately.

7. I agree not to send my entire 16 digit account number via email (including attachments), mail, or fax in order, to keep my card number as secure as possible.

8. I agree to hold this card in a secure location so that no one else can access the card and agree to not share my card number or other pertinent card information with anyone other than a vendor I am doing business with.

9. I agree not to write down or share my Card's PIN number with anyone, including my Agency Program Administrator or Bank of America.

10. I understand that Chip and PIN technology is only utilized at point of sale by vendors who have chip enabled terminals.

11. I will not store my card number on any mobile devices, nor will I utilize any type of mobile payment or digital wallet service such as Apple Pay, Google Pay, Samsung Pay, etc.

_____

Employee Signature Date

_____

Supervisor's Signature Date

_____

Program Administrator's Signature Date

Revised 8/27/18