Commonwealth of Virginia
Bank of America
Employee Paid (Individual Liability) Travel Card
Employee Agreement

I, _____, (enter employee name here), acknowledge receipt of a Bank of America Visa Employee Paid (Individual Liability) Travel Card. 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 which I will use to obtain travel related services and will be making financial commitments on behalf of myself and will strive to obtain the best value for the agency.

2. I understand that I am liable to Bank of America, for all authorized charges made on the Card.

3. I understand that Bank of America will send my card to the address on my card application and I will immediately notify Bank of America for any changes to my address and phone number.

4. I agree to use this Card for official state business travel **only** and agree not to charge personal purchases at any time. I understand that my agency will review the use of this Card and will take appropriate action based on any discrepancies. (This includes the purchases of personal items while on travel status).

5. 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.

6. I agree to return the Card immediately upon request or upon termination of employment (including retirement) to include deducting any balance owed on my card at the time of termination from final paychecks.

7. I acknowledge, if I obtain employment with another State Agency, any remaining balance on the IL Travel Card may result in a payroll deduction with the new agency.

8. If the Card is lost or stolen, I agree to notify Bank of America at 888-449-2273 and the Agency Travel Program Administrator and immediately.

9. I agree that I will pay the total amount owed by the statement due date, regardless if I have been reimbursed for those expenses.

10. I agree that if my Card balance becomes delinquent past 61 days, the agency will deduct the delinquent funds from my paycheck, at 100 percent, until the balance is paid in full. All payments will be made directly to Bank of America.

11. I agree not to send my entire 16 digit account number via email (including attachments), regular mail, or fax, or to photocopy the Card for any reason in order to keep my Card number as secure as possible.

12. I agree to hold the 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.

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

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

15. 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