

Commonwealth of Virginia
Bank of America
“Gold” Card Employee Agreement

I, _____ (employee name), acknowledge receipt of a Bank of America VISA “Gold” Card with increased dollar limits. I further acknowledge that I have taken the annual “Gold” Card Cardholder training. As a “Gold” 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 purchasing tool and will be making financial commitments on behalf of my agency and I will strive to obtain the best value for the agency by using State contracts and other "preferred suppliers", such as eVA vendors, whenever possible.
2. I understand that my agency is liable to Bank of America for all authorized charges made on the Card.
3. I agree not to share my Card or Card number with anyone other than a vendor I am doing business with. I agree if I share my Card or Card number to anyone other than a vendor I am doing business with, my agency will take disciplinary action as a result.
4. I agree to use this Card for approved purchases only and agree not to charge personal purchases at any time. I understand that my agency and the Statewide Program Administrator will review the use of this Card and the related management reports and take appropriate action based on any discrepancies.
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 destroy the Card or surrender the Card to my Agency Program Administrator immediately upon request or upon termination of employment (including retirement).
7. If the Card is lost or stolen, I agree to notify the Statewide Program Administrator and Bank of America immediately.
8. I agree to successfully complete annual Cardholder training as well as sign a new employee agreement annually.
9. I agree not to use my card to pay for past due invoices to circumvent Prompt Pay policies and procedures;
10. For Agencies utilizing eVA: I understand that in order to properly purchase goods and services, I must use eVA for those purchases that qualify and record the Purchase Card Order (PCO) number on the purchasing log.
11. I agree not to write down or share my Card’s pin number with anyone, including my Agency Program Administrator or Bank of America.
12. I understand that Chip and PIN technology is only utilized at point of sale by vendors who have chip enabled terminals.
13. 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

Agency Name/Agency Number

Supervisor Signature/Date

I certify that the cardholder has received training. I have provided a completed copy of this agreement to the agency to be kept by their agency SPCC Program Administrator.

State “Gold” Card Program Administrator

Date

Please scan/email completed form to cca@doa.virginia.gov