

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

I, \_\_\_\_\_, acknowledge ownership 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 **official state business travel related services ONLY** and will be making **financial commitments on behalf of MYSELF** and will strive to obtain the best value for UMW.
2. I understand that **I am liable** to Bank of America for all authorized charges made on the Card—whether or not I have received reimbursement from UMW. I agree that I will pay the TOTAL due on the bill to Bank of America IN FULL each month in time for the payment TO POST on the Bank of America system no later than the 15<sup>th</sup> of each month. I understand that MY PERSONAL CREDIT may be negatively affected if payment is not made to Bank of America in a timely manner. **INITIAL HERE** \_\_\_\_\_
3. I agree to use this Card for **official state business TRAVEL ONLY** and agree **NOT to charge personal purchases**. I understand that the **UMW Accounts Payable staff will review (on-line) every transaction/charge made using this Card**. The Accounts Payable staff will also review the related management reports and **will take appropriate action on any discrepancies**.
4. I will follow the established procedures for the use of the Card, including annual on-line training that is required by the Department of Accounts (State Comptroller's Office in Richmond). 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 the Bank of America and the UMW Travel Program Administrator immediately.
7. I agree that if my Card balance becomes delinquent past 90 days, **UMW WILL deduct the delinquent funds from my paycheck** and make the payment directly to Bank of America. In addition, if my employment terminates for any reason and there is a balance on my account, **I agree to allow UMW to follow Payroll regulations to withhold the balance due** and submit the balance to Bank of America. **SIGN HERE** \_\_\_\_\_
8. 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.
9. I agree to hold the Card in a secure location so that no one else can access the Card and I agree to not share my card number or other pertinent card information with anyone other than a vendor I am doing business with.
10. 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/or phone number**.

\_\_\_\_\_  
Employee Signature/Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Administrator's Signature

\_\_\_\_\_  
Date