

This form shall be completed and submitted by the Agency Liaison when an employee no longer needs Reviewer/Allocator Access in Bank of America

ALL COMPLETED APPLICATIONS MUST BE EMAILED TO [osp.creditcards@arkansas.gov](mailto:osp.creditcards@arkansas.gov)

**\*Required Fields**

**Reviewer Information**

*Last Name	*First Name	Middle Initial
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\*Agency Name

I understand and accept full responsibility as the agency's Liaison or Approving Manager that by signing this form, I am authorizing the termination of the reviewer's access in Bank of America Works.

*Liaison/Approving Manager Name:	*Liaison/Approving Manager Signature:	*Date
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DTSS CREDIT CARD SECTION USE ONLY			
Signature:		Date Completed:	