

**IVY LANE CORPORATION
VOLUNTARY PAYROLL DEDUCTION AUTHORIZATION**

Shoes for Crews Purchase Program

Style# _____ Size & Width _____ Store # _____

Employee Name _____ Employee POS ID# _____

Shoe Cost \$ _____

+Postage \$ _____

-Less Certificate \$ _____ Must fax voided certificate with form

Total Due \$ _____

I _____ authorize Ivy Lane Corp and Merit
(print name of employee)

Resources to deduct payments of \$ _____ per pay period up to a
maximum of \$ _____.

I acknowledge that this deduction is for purchase of work shoes from the Shoes For Crews program.

Should I leave the employment of Ivy Lane Corporation before the full amount has been paid in full I authorize Ivy Lane Corporation and Merit Resources, Inc. to deduct the remaining balance from my final pay check. If there is still an outstanding balance I authorize and guarantee that I will make full payment to Ivy Lane Corporation within 21 days of my final day of employment.

(signature of employee)

(date)

(signature of supervisor) grx#

(date)

(print supervisor name)

(store number)

Admin Only

Store manager, have employee enter style and size and submit to office. Form will be returned to you with pricing at which time the employee must complete deduction form prior to order release.

Date shoes ordered _____
Updated 3/24/2015

Reference # _____