

**IVY LANE CORPORATION
VOLUNTARY PAYROLL DEDUCTION AUTHORIZATION**

Shoes for Crews Purchase Program

Style # _____ Size and Width _____ Store # _____

Employee Name _____

Shoe Cost \$ _____

Shipping \$ 7.98

\$25 credit for new hires **only** \$ _____

TOTAL DUE \$ _____

I, _____, authorize Ivy Lane Corporation to deduct from my net pay in two equal payments up to a minimum of \$ _____ (total from above).

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

Should I leave the employment of Ivy Lane Corporation before the full amount had been paid in full I authorize Ivy Lane Corporation to deduct the remaining balance due from my final pay check. If there remains an outstanding balance after payroll deduction 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)

My signature is authorization by me for Ivy Lane Corporation to deduct the amount listed above as payroll deduction to reimburse Ivy Lane Corp. for this purchase.

(Signature of Supervisor)

(Date)

My signature is authorization by me for Ivy Lane Corporation to deduct the amount listed above as payroll deduction to reimburse Ivy Lane Corp. for this purchase.

Send this completed form to shoes@ivyLANECORP.COM

Store Manager should allow the employee to complete their signature line personally. No other person should electronically sign this document. You must verify by entering your name on the Supervisor signature line.

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