


Payment Information

AUTOPAY OF \$29.00 SET FOR 04/14/24

	New Balance:	\$366.04	Payments must be received by 5pm ET on 04/14/2024 if mailed, or by 11:59pm ET on 04/14/2024 for online and phone payments.
	Total Minimum Payment Due:	\$29.00	
	Payment Due Date:	04/14/2024	

Late Payment Warning: If we do not receive your Total Minimum Payment Due by the Payment Due Date listed above, you may have to pay a late fee up to \$40.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay	You will pay off the balance shown on this statement in about ...	And you will end up paying an estimated total of ...
Only the minimum payment	16 months	\$453.00

If you would like information about credit counseling services, call 1-877-302-8775.

Account Summary

Previous Balance as of 02/21/2024	\$92.70	Credit Limit	\$2,500
Payments	- 998.73	Available Credit	\$2,010
Purchases/Debits	+ 1,266.09	Cash Limit	\$500
Fees Charged	+ 5.98	Available Cash	\$500
New Balance as of 03/22/2024	\$366.04		
31 Day Billing Cycle from 02/21/2024 to 03/22/2024			

Earn **3%** Walgreens Cash rewards*
on grocery and health & wellness purchases outside of Walgreens!



Use your card for your health & wellness purchases, including:

- 

Doctor and dentist visits
- 

Veterinarians and pet stores
- 

Sporting good stores and bike shops
- 

Health & beauty spas
- 

So much more!

*Must be a myWalgreens[®] member. Walgreens Cash rewards are not legal tender. No cash back. Walgreens Cash rewards good on future purchases. Exclusions apply. Complete details, including Walgreens Cash rewards expiration dates, at myWalgreens[®] Terms and Conditions. Purchases with a myWalgreens credit card are subject to credit approval. See credit card reward program terms for program details. The myWalgreens[®] Mastercard[®] is issued by Synchrony Bank pursuant to a license by Mastercard International Incorporated. Mastercard and the circles design are registered trademarks of Mastercard International Incorporated.

myWalgreens[®] CREDIT CARD

AUTOPAY OF \$29.00 SET FOR 04/14/24

Account Number	XXXX XXXX XXXX 5365
New Balance	\$366.04
Total Minimum Payment Due	\$29.00
Payment Due Date	04/14/2024
Amount Enclosed	\$

View and pay your bill online!
walgreens.syf.com

Customer Service: For account information, call the number on the front of this statement. For Hearing or Speech disabilities, use a TRS. Unless your name is listed on this statement, your access to information on the account may be limited. You may also mail questions (but not payments) to: **P.O. Box 71726, Philadelphia, PA 19176-1726.** Please include your account number on any correspondence you send to us.
Payments: Send payments to the address listed on the remit portion of this statement or pay online.
Notice: See below for your Billing Rights and other important information. Telephoning about billing errors will not preserve your rights under federal law. To preserve your rights, please write to our Billing Inquiries Address, P.O. Box 71725, Philadelphia, PA 19176-1725.

Purchases, returns, and payments made just prior to billing date may not appear until next month's statement. When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution. **You may choose not to have your payment collected electronically by sending your payment (with the payment stub), in your own envelope – not the enclosed window envelope, addressed to: P.O. Box 669826, Dallas, TX 75266-0783 and not the Payment Address.**

What To Do If You Think You Find A Mistake On Your Statement

If you think there is an error on your statement, write to us at the Billing Inquiries Address of: Synchrony Bank, P.O. Box 71725, Philadelphia, PA 19176-1725

In your letter, give us the following information:

- **Account information:** Your name and account number.
- **Dollar amount:** The dollar amount of the suspected error.
- **Description of Problem:** If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake. You must contact us within 60 days after the error appeared on your statement.

You must notify us of any potential errors *in writing*. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- We cannot try to collect the amount in question, or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

Your Rights If You Are Dissatisfied With Your Credit Card Purchases

If you are dissatisfied with the goods or services that you have purchased with your credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the purchase.

To use this right, all of the following must be true:

1. The purchase must have been made in your home state or within 100 miles of your current mailing address, and the purchase price must have been more than \$50. (**Note:** Neither of these are necessary if your purchase was based on an advertisement we mailed to you, or if we own the company that sold you the goods or services.)
2. You must have used your credit card for the purchase. Purchases made with cash advances from an ATM or with a check that accesses your credit card account do not qualify.
3. You must not yet have fully paid for the purchase.

If all of the criteria above are met and you are still dissatisfied with the purchase, contact us *in writing* at: Synchrony Bank, P.O. Box 71725, Philadelphia, PA 19176-1725

While we investigate, the same rules apply to the disputed amount as discussed above. After we finish our investigation, we will tell you our decision. At that

point, if we think you owe an amount and you do not pay we may report you as delinquent.

Information About Payments: You may at any time pay, in whole or in part, the total unpaid balance without any additional charge for prepayment.

Payments received after 5:00 p.m. (ET) on any day will be credited as of the next day. Credit to your Account may be delayed up to five days if payment (a) is not received at the Payment Address, (b) is not made in U.S. dollars drawn on a U.S. financial institution located in the U.S., (c) is not accompanied by the remittance coupon attached to your statement, (d) contains more than one payment or remittance coupon, or (e) includes staples, paper clips, tape, a folded check, or correspondence of any type. **Conditional Payments:** All written communications concerning disputed amounts, including any check or other payment instrument that: (i) indicates that the payment constitutes "payment in full" or is tendered as full satisfaction of a disputed amount; or (ii) is tendered with other conditions or limitations ("Disputed Payments"), must be mailed or delivered to us at P.O. Box 71725, Philadelphia, PA 19176-1725.

Credits To Your Account: An amount shown in parentheses or preceded by a minus (-) sign is a credit or credit balance unless otherwise indicated. Credits will be applied to your previous balance immediately upon receipt, but will not satisfy any required payment that may be due.

Credit Reports And Account Information: If you believe that we have reported inaccurate information about you to a consumer reporting agency, please contact us at P.O. Box 71727, Philadelphia, PA 19176-1727. In doing so, please identify the inaccurate information and tell us why you believe it is incorrect. If you have a copy of the credit report that includes the inaccurate information, please include a copy of that report. We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

How We Calculate Interest

Daily Balance Method: We figure the interest charge on your account by applying the periodic rate to the "daily balance" of your account for each day in the billing cycle. We then add the interest to the daily balance. To get the "daily balance" we take the beginning balance of your account each day (which includes unpaid interest), add any new charges, and applicable fees, and subtract any payments or credits. This gives us the daily balance. Any daily balance of less than zero will be treated as zero. A separate daily balance will be calculated for each balance type on your account. The balance(s) shown in the Interest Charges section of this statement is the sum of the daily balances for each day in the billing cycle divided by the number of days in the billing cycle.

We will not charge you any interest on purchases if you pay your entire balance by the due date each month. Please refer to the due date shown on the front of your statement. We will begin charging interest on cash advances on the transaction date.

Your Account is owned and serviced by Synchrony Bank.

[WF6455521BK]

O1P8640 - 03/10/23

Bankruptcy Notice: If you file bankruptcy, you must send us notice, including account number and all information related to the proceeding to the following address: Synchrony Bank, Attn: Bankruptcy Dept., P.O. Box 71783, Philadelphia, PA 19176-1783.

This is an attempt to collect a debt and any information obtained will be used for that purpose.

*By providing a telephone number on your account, you consent to Synchrony Bank and any other owner or servicer of your account contacting you about your account, including using any contact information or cell phone numbers you provide, and you consent to the use of any automatic telephone dialing system and/or an artificial or prerecorded voice when contacting you, even if you are charged for the call under your phone plan.

For changes of address, phone number and/or email, please check the box and print the changes below.

<input type="checkbox"/>	Street Address City, State ZIP Phone # Email	_____	_____	_____	_____
		*Home Phone #	*Business Phone #	*Cell # or other phone # we can use to contact you	**Email Address

**By providing your email address, you agree to receive email communications about your account and also give permission for us to share your email address with the named retailer on this account.

your

Account at Your Fingertips

Make a payment, manage your preferences and more.

Enroll in online account management at walgreens.syf.com.

Transaction Detail

Date	Reference #	Description	Amount
Payments			- \$998.73
02/25	8524008E900XS6H10	ONLINE PAYMENT THANK YOU	-\$127.93
02/28	8524008EQ00XS6H15	ONLINE PAYMENT THANK YOU	-\$92.70
03/03	8524008EG00XS6H11	ONLINE PAYMENT THANK YOU	-\$92.70
03/13	8524008ES00XS6H0Z	ONLINE PAYMENT THANK YOU	-\$92.70
03/16	8524008EX00XS6H16	ONLINE PAYMENT THANK YOU	-\$92.70
03/18	8524008EZ00XS6H14	ONLINE PAYMENT THANK YOU	-\$300.00
03/19	8524008F000XS6H11	ONLINE PAYMENT THANK YOU	-\$200.00
Purchases and Other Debits			\$1,266.09
02/20	8524008E4015TV6E3	WALGREENS 10539 CLARKSVILLE MD	\$35.23
02/26	8524008EA015SDGEE	WALGREENS 05715 ALLENTOWN PA	\$60.33
02/26	8524008EA015SDGEE	WALGREENS 10416 SUFFOLK VA	\$45.84
02/28	8524008EQ015SNMDP	WALGREENS 03241 ALLENTOWN PA	\$95.94
02/28	8524008EQ015SNMDP	WALGREENS 11213 CHESAPEAKE VA	\$11.57
02/28	8524008EQ015SNLVB	WALGREENS 17917 LAUREL MD	\$37.98
03/06	8524008EL015VF2MH	WALGREENS 06077 MURRELLS INLE SC	\$93.94
03/07	8524008EL015VF2MH	WALGREENS 02593 EDISON NJ	\$37.38
03/07	8524008EL015VF2MH	WALGREENS 02593 EDISON NJ	\$40.00
03/07	8524008EL015VF2MH	WALGREENS 05715 ALLENTOWN PA	\$38.38
03/07	8524008EL015VF2MH	WALGREENS 06740 VIRGINIA BEAC VA	\$21.57
03/07	8524008EL015VF2MH	WALGREENS 09490 EDGEWATER MD	\$38.23
03/07	8524008EL015VF2MH	WALGREENS 10591 MALONE NY	\$40.00
03/07	8524008EL015VF2MH	WALGREENS 11621 SEAFORD DE	\$24.00
03/07	8524008EL015VF2MH	WALGREENS 12492 CHADDS FORD PA	\$40.97
03/07	8524008EL015VF2MH	WALGREENS 17919 RALEIGH NC	\$35.95
03/09	8524008EN015VM5ZJ	WALGREENS 11999 BEL AIR MD	\$40.38
03/09	8524008EN015VM5ZJ	WALGREENS 12847 LUTHERVILLE MD	\$30.38
03/09	8524008EN015VM5DG	WALGREENS 17917 LAUREL MD	\$43.97
03/10	8524008ER015VV99N	WALGREENS 06779 BALTIMORE MD	\$61.97
03/10	8524008EP015VR72M	WALGREENS 19851 BELTSVILLE MD	\$24.19
03/12	8524008ES015W1QKG	WALGREENS 06382 CLIFTON NJ	\$57.58
03/13	8524008ES015W1QKG	DUANE READE 14236 NEW YORK NY	\$58.77
03/13	8524008ES015W1QKG	WALGREENS 15186 MATAWAN NJ	\$39.78
03/18	8524008F0015WKNHF	WALGREENS 05600 LAKE GENEVA WI	\$59.97
03/18	8524008F0015WKNHF	WALGREENS 10605 SHOREWOOD IL	\$35.97
03/18	8524008F0015WKNHF	WALGREENS 12847 LUTHERVILLE MD	\$45.56
03/19	8524008F0015WKNHF	WALGREENS 09717 EAST AMHERST NY	\$53.96
03/20	8524008F1015WNR43	WALGREENS 13816 ODENTON MD	\$16.30
Total Fees Charged This Period			\$5.98
03/22		PAYMENT SECURITY 800-815-4051	\$5.98
Total Interest Charged This Period			\$0.00
03/22		INTEREST CHARGE ON PURCHASES	\$0.00
03/22		INTEREST CHARGE ON CASH ADVANCES	\$0.00

2024 Year-to-Date Fees and Interest		
Total Fees Charged		\$9.77
Total Interest Charged		\$0.00
Total Interest Paid		\$0.00

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Get healthy together ...

Add an authorized user and earn on their purchases.[†]

[†]The Primary Cardholder will be liable for all purchases made on the Account, including those made by an authorized user.

Log on to walgreens.syf.com to get started.

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account. (v) = Variable Rate

Type of Balance	Expiration Date	Annual Percentage Rate	Balance Subject to Interest Rate	Interest Charge
Purchases	N/A	32.24% (v)	\$0.00	\$0.00
Cash Advances	N/A	29.99%	\$0.00	\$0.00

Cardholder News and Information

If you need to contact Synchrony about the loss of a Synchrony cardholder, you can submit a deceased notification form located at www.syf.com under the 'Contact Us' page.

Please Note: The Privacy Policy for this account is available through the Privacy Policy link on the Statements page in Synchrony Account Manager. Please take a moment to read it, then keep it with other financial documents. If you have previously opted-out, you do not need to do so again.

Synchrony Bank may continue to obtain information, including employment and income information from others about you (including requesting reports from consumer reporting agencies and other sources) to review, maintain or collect your account.