

transmission. If you receive this correspondence in error please delete it from your system immediately and notify the sender. You must not disclose, copy or relay on any part of this correspondence, if you are not the intended recipient. Any opinions expressed in this message are those of the individual sender except where the sender expressly, and with the authority, states them to be the opinions of the Department of Community Safety, Queensland.

All reasonable precautions will be taken to respect the privacy of individuals in accordance with the Information Privacy Act 2009 (Qld). Details on how personal information may be used or disclosed by the Department of Community Safety, Queensland are available from [www.communitysafety.qld.gov.au/info/privacy.htm](http://www.communitysafety.qld.gov.au/info/privacy.htm)

**Free Text Contact Details - Extra/Document Texts**
**Payment - Bank Data (used by accounts payable payment run)**

House Bank		Payment Method	
------------	--	----------------	--

**Line Items**

Line No	GL Account *	DR/CR *	Amount *	Tax Code *	Cost Centre	Internal Order	Profit Centre	WBS Element	Asset No.
02	415004	CR	480.00	SG	2001460				
	Dunning Area		Pledging Indicator						
	Line Item Text * (appears on Tax Invoice)	Intake 4hrs @ \$120/hr							
	Long Text								
Total:			-480.00						



\* denotes mandatory field

**Comments** *(if the printed version does not display all the comments attach a separate sheet)*

## Payment Options



### Payment by Mail

Tear off the payment slip and complete payment details. Cheque or money order to be made payable to:

Dept of Justice and Attorney General  
c/- Shared Services Agency  
PO Box 2758  
CAIRNS QLD 4870



### Payment by Email

Please email the following credit card details to:

CNS.ARreceiving@ssa.qld.gov.au

Card Number:

Card Holder Name:

Expiry Date:

Credit Card Type: Visa  
Master Card



### Payment by Direct Deposit

Please deposit your payment directly into the following account quoting the reference number provided.

Deposit details are to be forwarded via one of the following methods:

Email CNS.ARreceiving@ssa.qld.gov.au

Fax 07 4057 3098

BSB/Account 064-013 10005832

Reference Number 1800011273

## Privacy

The Queensland Government is committed to protecting your privacy. Your personal details will be securely stored on a Queensland Government database which will only be accessible by authorised persons of government agencies where the disclosure is necessary to fulfil statutory, administrative or other public responsibilities. The personal information will only be used for the purpose for which you provide it and will not be given to another person or body without your consent, or unless required by law. Details of the Queensland Government Privacy Scheme can be accessed through <http://www.justice.qld.gov.au/dept/privacy.htm>.

## Change to Personal Details

Please direct any changes of personal details to the contact person listed in the 'Contact Details' section on the first page.

Dept of Justice and Attorney General  
c/- Shared Services Agency  
PO Box 2758  
CAIRNS QLD 4870

## Payment Slip

### DEPARTMENT OF COMMUNITY SAFETY QUEENSLAND AMBULANCE SERVICE

Customer Number 20007698

Due Date

Invoice Number/Reference 1800011273 1002

Amount Due \$480.00

### Method of Payment

☐ Cheque

☐ Money Order

Cheque/Money Order Total \$ \_\_\_\_\_

☐ Visa

☐ Master Card

Credit Card Authorised Amount \$ \_\_\_\_\_

Card Number \_\_\_\_\_

Card Holder Name \_\_\_\_\_

Expiry Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_

Payment Slip must be provided when making payment. Refer to the [File 1 Dispute Resolution 22](#) payment options for further details.