



# FGN e-Collection Scheme

## MDA Registration/ User Enrolment Form

SN	NAME (SURNAME FIRST)	DESIGNATION	STAFF ID NO	E-MAIL	PHONE
<b>TRANSACTION/PAYMENT INITIATOR</b>					
1					
2					
3					
4					
<b>TRANSACTION/PAYMENT REVIEWER</b>					
1					
2					
3					
4					
<b>FINAL APPROVER</b>					
1					
2					
3					
4					



# FGN e-Collection Scheme

## AUTHORIZATION

MDA Name	
Authorizing Officer's Name	
Designation	
Signature	
Date	

**NOTE:**

- 1. Please complete form in Capital Letter.**
- 2. You may specify as many user groups/ approval levels as required. If you have additional user groups/ approval levels, please include in another sheet and attach to the form.**
- 3. Kindly return completed form accompanied by a covering letter of the MDA signed by the Chief Executive Officer to Director, Funds Department, Office of the Accountant General of the Federation, Treasury House, Garki, Abuja.**