



URL: www.DIRECTVCoop.com

Submit an ACH Form

Complete the ACH form upon Login

Send print version w/ voided check & signature to

ACB

ACSC Authorization Form	
Order ID: Contract Information Title: Contract Name: Address 1: Address 2: City, State/Province, Zip: Country: Phone: Fax: Website: Email:	
Banking Information *Required Banking Fields *Bank Name: *Bank Account Types: *Headline Number or Swift Code: *Account Number:	
User Details Customer Information Customer Name: Address 1: Address 2: City, State/Province, Zip: Country: Phone: Fax: Website: Email:	
Bank Address *Required Banking Fields Bank Address: Bank Suite: Title: State/Province: Zip/Postal Code: *Taxpayer ID: *Company:	
*Country:	
*Account Number:	
*Headline Number or Swift Code:	
*Bank Account Types:	
*Bank Name:	

1

Submit a Co-Op Authorization

Navigate to Co-Op Account>>Co-Op
Authorizations

Select type of Co-Op Authorization you want to submit; Marketing Center, RAP, or Other

Complete Co-Op Authorization Form and click

DIRECTV Co-Op Authorization For Pre-approved Marketing Center Advertising		COP and COG	
Co-Op Authorization Number: (enter generated)		Co-Op Authorization Date: 4/11/2017	
(The Co-Op Authorization Number expires 120 days from the date listed)			
Document ID: 		Objectives: 	
Media Group: -- SELECT ONE --	3	Estimated Start Date: 	
Media Type: 	3	Estimated End Date: 	
Estimated Media Name: 			
Target Audience: 			
Site: -- SELECT ONE --	3		
Product Group: -- SELECT ONE --	3		
Product ID: 			
Click here to select multiple			
Comments: 			
Report Reconciliation Date as of today: (Subject to change based on Actual Activity End Date)			

2

Submit a Claim

[Navigate to Co-Op Account>>Submit A Claim](#)

Select Co-Op Authorization to claim against.

Complete the Claim Form, choose mail, fax or scan
and click Submit

Submit Claim for Reimbursement	
Co-Op Authorization Number: <input type="text"/> - Select ->	Co-Op Authorization Date: <input type="text"/>
Employer Name: <input type="text"/>	Co-Op Authorization Number expires 120 days from the date above
Date: <input type="text"/>	Obligation: <input type="text"/>
EOE/Template Number: <input type="text"/>	Estimated Start Date: <input type="text"/>
Refund(s): <input type="text"/>	Estimated End Date: <input type="text"/>
Estimated Study Name: <input type="text"/>	Actual Start Date: <input type="text"/>
Target Audience: <input type="text"/>	Actual End Date: <input type="text"/>
DMS: <input type="text"/>	Claim Status: <input type="text"/>
Actual Study Name: <input type="text"/>	
Invoice Number: <input type="text"/>	
Invoice Amount: <input type="text"/>	
<input type="checkbox"/> Check here if this is documentation for a previously denied claim.	
Comments: <input type="text"/>	
Employer Name: <input type="text"/>	
Employer Contact Amount: <input type="text"/>	Percent reimbursement rate authorized: <input type="text"/>
(Insert or insert amount and percent reimbursement rate authorized)	

2

Search a Claim

[Navigate to Resources>>Claim Search](#)



Click "Search" to view all claims or search by the parameters.

Right click anywhere in the claim result line item to view the claim.

Claim Search

Use the criteria below to search claims in the system. All values must be exact with the exception of Dealer Name which may be a partial text search. Range criteria must have both range values.

Search Criteria

Dealer Name:	<input type="text"/>	Claim Status:	<input type="text" value="All"/>
Dealer Number:	<input type="text"/>	Audit Status:	<input type="text" value="All"/>
Co-Op Auth #:	<input type="text"/>	Submission Type:	<input type="text" value="All"/>
Claim Number:	<input type="text"/>	Control Number:	<input type="text"/>
Received Date From:	<input type="text"/> 	Date Provided:	<input type="text" value="All"/>
Received Date To:	<input type="text"/> 	Media Type:	<input type="text" value="All"/>
Claim Amount Min:	<input type="text"/>	Uploaded Files:	<input type="text" value="All"/>
Claim Amount Max:	<input type="text"/>	Co-Op Auth # Sources:	<input type="text" value="All"/>

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[View Profile](#)

Navigate to Resources>>Profile.

View profile to review: Reimbursement %, ACH Status, Balance/Ledger, Funds Overview, Claims, Co-Op Authorizations

Dealer Information		Misc. Info	
Dealer Name:	Dealer Number:	Base Reimbursement %:	67%
VIN Test Dealer:	33333	Dealer Balance:	\$238,312.68
Lead Corp DBA:		Pending Amount:	\$7,324.68
N/A		Available Balance:	\$230,987.99
Address:	Phone:	Promo Type:	LSP
513 Sampa St	Fax:	DMA Name:	Jackson MS
Tomball, TX 77355	8008002023	Region:	Jackson MS
	Email:	Is KSP Dealer:	No
	Test@carfax.com	Distribution:	P10

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Other Functions and Tips

ACH Form – Payment will not be released to dealers until the ACH form is fully approved.

Co-Op Authorization – Marketing Center Co-Op
Authorizations can be submitted via the
Marketing Center website.

Claim – Choose the “scan” option to upload P.O.P in .pdf form for a faster claim processing.

Profile – Your most valuable centralized hub of Co-Op data is located in the profile section.

View Full Ledger – Choose the most current date
– view report – an in depth detail of your account.

Website – www.directvcoop.com

Email – DIRECTVcoopsuport@acbcoop.com

Phone – 866-631-9761

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